



ILLINOIS APPLICATION FOR PANDEMIC SUPPLEMENTAL NUTRITION ASSISTANCE FOR CHILDREN RECEIVING FREE OR REDUCED SCHOOL LUNCHES (PEBT)

****You can apply online for quicker processing at: ABE.illinois.gov****

If you currently receive SNAP Benefits, you DO NOT need to apply for PEBT - benefits will be automatically issued.
If you currently receive meals through the Take Home School Meals Program, you can still apply for P-EBT.

PEBT Authorization Period Begin: _____ End: _____ DCN: _____ Application date: _____

This application is for households with children who receive free or reduced school lunches and who have not already received PEBT on their LINK electronic benefit card. Complete this application honestly and to the best of your knowledge. Be sure to read and sign on page 2 of this application. If your household knowingly refuses to give any needed information, it will not be eligible to receive PEBT benefits. **Please do not write in shaded areas.**

STEP 1: Tell us about the adult who will be our contact for this application

Head of Household (parent or guardian of children):

Social Security Number:
(optional, but helpful for quicker and accurate processing)

Head of Household Date of Birth:

Telephone Number:

Household address as reported to school:

City:

State:

County:

Zip Code:

Do you currently
receive SNAP
benefits?

Yes ☐

No ☐

Mailing address if different from above:

City:

State:

County:

Zip Code:

Step 2: Tell us about the school age children you are applying for

Number of Household Members:

School District (Required)	School Name (Required)	School Age Child (Last Name, First Name, Middle Initial (as listed on school records)	Social Security Number (optional, but helpful for quicker and accurate processing).	Date of Birth	Student Gender

For additional school age children please list their name, social security number (optional) and date of birth under Step 4 on page 2 of this form.



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Step 3: Read & Sign this application

What does DHS do with your Social Security Number?

The SSN will be used in the administration of the SNAP program to check the identity of household members, prevent duplicate participation, and to facilitate making mass changes. If you or any member of your household wants to apply for SNAP benefits, but does not have a SSN, we can help you to apply for one. The SSN will be used in computer matching and program reviews or audits and to make sure the household is eligible for SNAP benefits, other federal assistance programs, and federally assisted state programs, such as school lunch, TANF, and Medicaid. DHS secures and uses information about all clients through the income and eligibility verification system (IEVS). This includes such information as receipt of social security benefits, unemployment insurance, unearned income and wages from employment. When information does not match, we may contact a third party, such as employers, claims representatives or financial institutions to verify the information. This information may affect your eligibility for assistance and the amount of assistance provided. This may result in criminal or civil action or administrative claims against persons fraudulently participating in the SNAP program. We do not require a social security number for any member of your household who is not eligible for the SNAP program or who does not wish to apply.

Why does DHS collect your Social Security number?

DHS will only use your SSN for the purpose for which it was collected. DHS will not: Sell, lease, loan, trade, or rent your SSN to a third party for any purpose; publicly post or publicly display your SSN; print your SSN on any card required for you to access our services; require you to transmit your SSN over the Internet, unless the connection is secure or your SSN is encrypted; or print your SSN on any materials that are mailed to you, unless State or Federal law requires that number to be on documents mailed to you, or unless we are confirming the accuracy of your SSN.

Non-Discrimination.

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, religious creed, disability, age, political beliefs, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotope, American Sign Language, etc.), should contact the Agency (State of Illinois Department of Human Services) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

- (1) Mail: U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue, SW Washington, D.C. 20250-9410;
- (2) Fax: (202) 690-7442; or
- (3) Email: program.intake@usda.gov

This institution is an equal opportunity provider.

Additional Illinois Nondiscrimination Information

You may also write the Illinois Department of Human Services (IDHS) at Illinois Department of Human Services, Bureau of Civil Affairs, 401 South Clinton St., 6th Floor, Chicago, Illinois, 60607 or call the IDHS Helpline Number at 1-800-843-6154 or 866-324-5553 TTY/Nextalk or 711 TTY Relay.

IDHS, HHS, and USDA are equal opportunity providers and employers.

The State of Illinois provides reasonable accommodations according to Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act of 1990



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Step 3: Read & Sign this application continued

I understand the questions on this application. I know it is against the law to obtain or attempt to obtain benefits for which I am/we are not entitled. Any false claim, statement, or concealment of any material fact whatever, in whole in part, may subject me to criminal and/or civil persecution. As a result of the temporary closure of school due to the COVID-19 Pandemic, the children listed on this application are not receiving Free or Reduced lunches at their school. I certify, under penalty of perjury, that the information I have given is correct and complete to the best of my knowledge. I also authorize the release of any information necessary to determine the correctness of my certification.



SIGN HERE:

Your Signature:	Date:
Signature of witness (needed if you cannot sign your name):	Date:

Step 4 If needed list additional school age children not listed on the front of this form.

Number of Household Members:					
School District (Required)	School Name (Required)	School Age Child (Last Name, First Name, Middle Initial (as listed on school records)	Social Security Number (optional, but helpful for quicker and accurate processing).	Date of Birth	Student Gender

Step 5 Return Completed Application

If you have completed this application by hand you may email it to: DHS.FCS.PEBT@illinois.gov

If you have printed out this form and do not have access to email, you can mail to Central Scan Unit, P.O. Box 19138, Springfield, IL 62763