Application for Summer Electronic Benefits Transfer (S-EBT) Program

Complete one application per household. Please use a pen (not a pencil). **Required fields indicated by: ***

Apply online at: https://portal.ct.gov/sebt
Return to: S-EBT Program
PO Box 280747
East Hartford, CT 06128

STEP 1 — List ALL children who are infants and students up to and including grade 12. If more spaces are required for additional names, attach another sheet of paper.

Definition of **Household Member**: "Anyone who is living with you and shares income and expenses, even if not related."

Children in **Foster care** and children who meet the definition of **Homeless** or **Runaway** are eligible for S-EBT.

Child's First Name*	MI	Child's Last Name*	School	Grade	Student? Yes	Student? No	Foster	Head Start	Homeless or Runaway
							☐	☐	☐
							☐	☐	☐
							☐	☐	☐
							☐	☐	☐
							☐	☐	☐

Check all that apply

STEP 2 — Do any household members (including you) currently participate in one or more of the following Assistance Programs   SNAP or TFA? (This does NOT include medical (HUSKY) benefits).

If NO, > Go to STEP 3

If YES, a household member does participate in SNAP or TFA, write a SNAP OR TFA client ID number here and then go to STEP 4 (*Do not complete STEP 3.*)

DSS Client ID:

Write only one DSS Client ID in this space.

STEP 3 — Report Income for ALL Household Members (Skip this step if you answered Yes to Step 2)

Are you unsure what income to include here?

Flip the page and review the charts titled "Sources of Income" for more information.

The "Sources of Income for Children" chart will help you with the Child Income section.

The "Sources of Income for Adults" chart will help you with the All Adult Household Members section.

Note: Biweekly is Every 2 Weeks

A. Child Income*

Sometimes children in the household earn income. Please include the TOTAL gross income (before taxes and deductions) earned by all Child Household Members listed in STEP 1 here.

Child income $ _____

How often? ○ Weekly ○ Bi-Weekly ○ 2x Month ○ Monthly ○ Annual

B. All Adult Household Members* (Anyone who is living with you and shares income and expenses, even if not related, including you.)

List all Household Members not listed in STEP 1 (including yourself) even if they do not receive income. For each Household Member listed, if they do receive income, report total gross income (before taxes and deductions) for each source in whole dollars (no cents) only. If they do not receive income from any source, write '0'. If you enter '0' or leave any fields blank, you are certifying (promising) that there is no income to report.

Name of Adult Household Members (First & Last Name)	Earnings from Work	How often received? (Weekly, Bi-Weekly, 2x Month, Monthly, Annual)	Public Assistance/ Child Support/Alimony	How often received? (Weekly, Bi-Weekly, 2x Month, Monthly, Annual)	Pensions/Retirement, SS, SSI, VA benefits, All other income	How often received? (Weekly, Bi-Weekly, 2x Month, Monthly, Annual)
	$	○ ○ ○ ○ ○	$	○ ○ ○ ○ ○	$	○ ○ ○ ○ ○
	$	○ ○ ○ ○ ○	$	○ ○ ○ ○ ○	$	○ ○ ○ ○ ○
	$	○ ○ ○ ○ ○	$	○ ○ ○ ○ ○	$	○ ○ ○ ○ ○
	$	○ ○ ○ ○ ○	$	○ ○ ○ ○ ○	$	○ ○ ○ ○ ○
	$	○ ○ ○ ○ ○	$	○ ○ ○ ○ ○	$	○ ○ ○ ○ ○

Total Household Members (Children and Adults – Step 1 & Step 3) _____

Last Four Digits of Social Security Number of Primary Wage Earner or Other Adult Household Member | X | X | X | X | X | _____

Check if no social security number ☐

STEP 4 — Contact Information and Adult Signature. Return completed form to: S-EBT Program, PO Box 280747, East Hartford, CT 06128

"I certify (promise) that all information on this application is true and that all income is reported. I certify that no one on this application is receiving summer EBT benefits in another state or ITO. I understand that this information is given in connection with the receipt of Federal funds, and that state officials may verify (check) the information. I am aware that if I purposely give false information, my children may lose S-EBT benefits, and I may be prosecuted under applicable State and Federal laws."

Printed Name of Adult Signing the Form

Signature of Adult *

Today's Date

Mailing Address _____ Apt #

Town or City

State

Zip

Daytime Phone

Application for Summer Electronic Benefits Transfer (S-EBT) Program

Sources of Income			Examples of Income for Children
Earnings from Work	**Public Assistance/Alimony/ Child Support**	**Pensions/Retirement/ All other sources of income**	
• Salary, wages, cash bonuses, tips, commissions • Net income from self-employment (farm or business) **If you are in the U.S. Military:** • Basic pay and cash bonuses (do NOT include combat pay, FSSA, or privatized housing allowances) • Allowances for off-base housing, food, and clothing	• Unemployment benefits • Workers' compensation • Supplemental Security Income (SSI) • Cash assistance from State or local government • Alimony payments • Child support payments • Veterans' benefits • Strike benefits	• Social Security/Disability (including railroad retirement and black lung benefits) • Private Pensions or disability benefits • Income from trusts or estates • Annuities • Investment income • Earned interest • Rental income • Regular cash payments from outside household	• A child has a regular full or part-time job where they earn a salary or wages • A child is blind or disabled and receives Social Security benefits • A parent is disabled, retired, or deceased, and their child receives Social Security benefits • A friend or extended family member regularly gives a child spending money • A child receives regular income from a private pension fund, annuity, or trust

OPTIONAL | **Children's Racial and Ethnic Identities. This information is kept confidential and may be protected by the Privacy Act of 1974.**

We are required to ask for information about your children's race and ethnicity. This information is important and helps to make sure we are fully serving our community. Responding to this section is optional and does not affect your children's eligibility for S-EBT.

Ethnicity (check one): ☐ Hispanic or Latino (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish Culture or origin, regardless of race) ☐ Not Hispanic or Latino

Race (check one or more): ☐ American Indian or Alaskan Native ☐ Asian ☐ Black or African American ☐ Native Hawaiian or Other Pacific Islander ☐ White

State Use Only – Do Not Write Below This Line

The Determining Official (DO) for the state MUST complete this section. *(Only convert to annual income if there are different frequencies of income listed in Step 3.)*

Annual Income Conversion: Weekly X 52 ◆ Every 2 weeks X 26 ◆ Twice a Month X 24 ◆ Monthly X 12

Directly Certified (DC) **based on the State DC List** as eligible for: ☐ SNAP ☐ TFA ☐ OT ☐ **FM** (Free Medicaid) ☐ **RM** (Reduced Medicaid). Date Certified on DC List: _____

☐ SNAP/TFA Household providing proof (must be confirmed by DO) of a handwritten client ID number ☐ Foster Child ☐ **Confirmed** Head Start ☐ **Confirmed** Homeless or Runaway

☐ Income Household: Total household income: _____ per _____ Household Size: _____

Application determination: ☐ S-EBT with income < 130%   ☐ S-EBT with income 130 ≤ 185%   ☐ Application Denied

Date Notice Sent: _____   Signature of DO: _____   Date: _____

Use of Information Statement _____

How to Apply for S-EBT

Please use these instructions to help you fill out the application for S-EBT benefits. You only need to submit one application per household, *even if your children attend more than one school in Connecticut*. The starred (*) fields must be filled out to determine the eligibility of your children for S-EBT benefits. Please follow these instructions in order! Each step of the instructions is the same as the steps on the application. If at any time you are not sure what to do next, please contact the Summer EBT Program at 1-844-503-6871. *Note: If you intend to move or have recently moved, please apply for benefits in the state where your child completes the school year immediately preceding summer 2025*.

PLEASE USE A PEN (NOT A PENCIL) WHEN FILLING OUT THE APPLICATION AND DO YOUR BEST TO PRINT CLEARLY.

Step 1: List ALL children, infants, and students up to and including grade 12

Tell us how many infants/toddlers, children not in school, and school students live in your household. They do NOT have to be related to you to be a part of your household.

Who should I list here? When filling out this section, please include ALL members in your household who are:
- Children age 18 or under AND are supported with the household's income;
- In your care under a foster arrangement, through a court or state/local agency, or qualify as homeless or runaway youth;
- Students attending (*regardless of age*) a school participating in the National School Lunch Program (NSLP).

A) List each child's name.	B) Is the child a student?	C) Do you have any foster children?	D) Are any children homeless, runaway or in a Head Start Program?
List each child's name. Print each child's name. Use one line of the application for each child. When printing names, please print clearly. Stop if you run out of space. If there are more children present than lines on the application, attach a second piece of paper (or a second application if completing electronically) with all required information for the additional children This also applies to adults in Step 3. "MI" is short for "middle initial". Print the first letter of each child's middle name in the "MI" section.	**Is the child a student?** List the name of the school (optional), the grade and mark "Yes" or "No" under the column titled "Student" to tell us which children attend school in the district. If you marked "Yes," write the grade level of the student in the "Grade" column.	**Do you have any foster children?** If any children listed are foster children, mark the "Foster Child" box next to the child's name. If you are ONLY applying for foster children, after finishing **STEP 1**, go to **STEP 4**. *Foster children who live with you may count as members of your household and should be listed on your application*. If you are applying for both foster and non-foster children, go to step 3. *Note: Adopted children are not considered foster children. A foster child is a minor child who has been taken into state custody and placed with a state-licensed adult, who cares for the child in place of their parent or guardian.*	**Are any children homeless, runaway or in a Head Start Program?** If you believe any child listed in this section meets this description, mark the "Head Start or Homeless/Runaway" box next to the child's name and *complete all steps of the application.* Homeless, Runaway and Head Start status must be confirmed with the appropriate program staff. If the status cannot be confirmed, then the state will contact you to complete an income-based application. You may choose to provide income information now in order to prevent the state from potentially needing to contact you later.

Step 2: Do any household members currently participate in SNAP or TFA?

If anyone in your household (including you) currently participates in one or more of the assistance programs listed below, your children are eligible for S-EBT:
- The Supplemental Nutrition Assistance Program (SNAP)
- Temporary Family Assistance (TFA)

A) If no one in your household participates in any of the above listed programs:	B) If anyone in your household participates in SNAP or TFA:
A) If no one in your household participates in any of the above listed programs: - Leave **STEP 2** blank and go to **STEP 3.**	**B) If anyone in your household participates in SNAP or TFA:** - Write a DSS client ID for SNAP or TFA. You only need to provide one DSS client ID. If you participate in one of these programs and do not know your DSS client ID, it is on all documents sent by DSS as well as the front of your EBT card. **Note: If you only receive HUSKY Medical Benefits, please leave this field blank as it is only for households that receive SNAP or TFA.** - Go to **STEP 4**.

Step 3: Report income for all household members

How do I report my income?
- Use the charts titled **"Sources of Income"** and **"Examples of Income for Children,"** printed on the back side of the application form, to determine if your household has income to report.
- Report all amounts in GROSS INCOME ONLY. Report all income in whole dollars. Do not include cents.
  - Gross income is the total income received **before** taxes.
  - Many people think of income as the amount they "take home" and not the total "gross" amount. Make sure that the income you report on this application has NOT been reduced to pay for taxes, insurance premiums, or any other amounts taken from your pay.
- Write a "0" in any fields where there is no income to report. Any income fields left empty or blank will also be counted as a zero. If you write '0' or leave any fields blank, you are certifying (promising) that there is no income to report. If local officials suspect that your household income was reported incorrectly, your application will be investigated.
- Mark how often each type of income is received using the check boxes to the right of each field.

3.A. Report income earned by children

A) **Report all income earned or received by children.** Report the combined gross income for ALL children listed in STEP 1 in your household in the box marked "Child Income." Only count foster children's income if you are applying for them together with the rest of your household.

What is Child Income? Child income is money received from outside your household that is paid DIRECTLY to your children. Many households do not have any child income.

3.B. Report income earned by adults

Who should I list here?

- When filling out this section, please include ALL adult members in your household who are living with you and share income and expenses, *even if they are not related and even if they do not receive income of their own.*
- *Do NOT include:*
  - People who live with you but are not supported by your household's income AND do not contribute income to your household.
  - Infants, children and students already listed in **STEP 1.**

B) List adult household members' names. Print the name of each household member in the boxes marked "Names of Adult Household Members (First and Last)." *Do not list any household members you listed in STEP 1.* If a child listed in **STEP 1** has income, follow the instructions in **STEP 3, part A.**	**C) Report earnings from work.** Report all income from work in the "Earnings from Work" field on the application. This is usually the money received from working at jobs. If you are a self-employed business or farm owner, you will report your net income. Net income is your income after taxes and deductions have been subtracted. • *What if I have multiple jobs?* List each job separately by entering your name and income from each job on a new line. Add an additional sheet of paper if necessary. • *What if I am self-employed?* List income from your business as a net amount. This net amount is calculated by subtracting the total operating expenses of your business from its gross receipts (revenue). Gross receipts or revenue are all the income earned from the sale of any products or services offered.	**D) Report income from public assistance/child support/alimony.** Report all income that applies in the "Public Assistance/Child Support/Alimony" field on the application. *Do not report the cash value of any public assistance benefits NOT listed on the chart.* If income is received from child support or alimony, only report court-ordered payments. Informal but regular payments should be reported as "other" income in the next part.
E) Report income from pensions/retirement/all other income. Report all income that applies in the "Pensions/Retirement/All Other Income" field on the application. • *What if I receive income from multiple sources in this category?* List each source separately by entering your name and income from each source on a new line. Add an additional sheet of paper if necessary.	**F) Report total household size.** Enter the total number of household members in the field "Total Household Members (Children and Adults)." This number MUST be equal to the number of household members listed in **STEP 1** and **STEP 3**. If there are any members of your household that you have not listed on the application, go back and add them. It is very important to list all household members, as the size of your household affects your eligibility for S-EBT.	**G) Provide the last four digits of your Social Security Number.** An adult household member must enter the last four digits of their Social Security Number in the space provided. You are eligible to apply for benefits even if you do not have a Social Security Number. If no adult household members have a Social Security Number, leave this space blank and mark the box to the right labeled "Check if no Social Security Number."

Step 4: Contact information and adult signature

All applications must be signed by an adult member of the household. By signing the application, that household member is promising that all information has been truthfully and completely reported. Before completing this section, please also make sure you have read the privacy and civil rights statements on the back of the application.

A) Provide your contact information. Write your current mailing address in the fields provided if this information is available. If you have no permanent address, that is okay. Sharing a phone number, email address, or both is optional, but helps us reach you quickly if we need to contact you.	**B) Print and sign your name and write today's date.** Print the name of the adult signing the application and that person signs in the box "Signature of adult." *Please return the application directly to the Summer EBT Program. DO NOT mail, fax, or email completed applications or questions about applications to the USDA Office of the Assistant Secretary for Civil Rights or your child's eligibility for S-EBT benefits will be delayed.*	**C) Mail completed form to:** S-EBT Program PO Box 280747 East Hartford, CT 06128	**D) Share children's racial and ethnic identities (optional).** On the back of the application, we ask you to share information about your children's race and ethnicity. This field is optional and does not affect your children's eligibility for S-EBT.