

# CHOCTAW NATION

## SUMMER EBT APPLICATION

### Summer EBT Application Instructions

The purpose of this application is to help determine eligibility for Summer EBT benefits through the Choctaw Nation of Oklahoma. Please complete one form for your entire family, listing all school-age children and other members of the household. A household is defined as a group of related or unrelated individuals who usually live together and share income and expenses. All household members names, the amount and source of income for each household member and a signature are required for benefit consideration.

A program case number such as SNAP, TANF or FDPIR can be provided instead of the household name of every person in the home. Completing the application as much as possible is encouraged for timely approval and benefit issuance.

A non-household member may be designated as the authorized representative for application processing purposes if they have difficulty completing the application process.

If the household intends to move, or have recently moved, they should apply for benefits in the State where their child will complete or completed the school year immediately preceding the summer operational period.

### **Program Information:**

This federally funded program is available to any eligible child; you do not have to be First American to qualify. Qualifying families will receive \$120 of free food per child during summer months. Benefits are placed on an EBT card (works like a debit card) that allows you to purchase healthy food during the summer months. Participation in this program will have no impact on other government assistance you and your child receive. Once approved, Summer EBT cards are mailed to the address provided. A list of participating stores, food card (shopping list) and other helpful documents can be found at <https://www.choctawnation.com/services/summer-ebt/>

The Richard B. Russell National School Lunch Act requires that we use information from this application to determine who qualifies for Summer EBT benefits. We can only approve complete forms. We may share your eligibility information with education, health, and nutrition programs to help them deliver program benefits to your household. Inspectors and law enforcement may also use your information to make sure that program rules are met. Some children qualify for Summer EBT without an application. Please contact your State or ITO to get Summer EBT for a foster child, and children who are homeless, migrant, or runaway.

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at 202-720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at 800-877-8339.

To file a program discrimination complaint, a Complainant should complete Form AD-3027, USDA Program Discrimination Complaint Form, from any USDA office, by calling 866-632-9992 or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by:

MAIL:

U.S. DEPARTMENT OF AGRICULTURE

OFFICE OF THE ASSISTANT SECRETARY FOR CIVIL RIGHTS

1400 INDEPENDENCE AVENUE, SW

WASHINGTON, D.C. 20250-9410; OR

FAX:833-256-1665 OR 202-690-7442; OR

EMAIL: USDA PROGRAM INTAKE

THIS INSTITUTION IS AN EQUAL OPPORTUNITY PROVIDER

### **ELIGIBILITY:**

ELIGIBILITY IS DETERMINED BY THE FOLLOWING GUIDELINES:

- STUDENT MUST BE ENROLLED IN A PARTICIPATING SCHOOL DISTRICT IN GRADES PRE-K – 12TH GRADE
- STUDENTS MUST QUALIFY FOR FREE OR REDUCED-COST MEALS AT SCHOOL
  - FREE AND REDUCED-COST MEAL PROGRAMS OFFERED BY SCHOOLS OPERATING COMMUNITY ELIGIBILITY PROVISION (CEP) MAY HAVE ADDITIONAL CRITERIA TO QUALIFY. FOR MORE INFORMATION, CONTACT SUMMER EBT OR
- STUDENT MUST BE SCHOOL AGED AND ENROLLED IN A CHARTER SCHOOL OR HOMESCHOOLED AND HAVE A HOUSEHOLD MEMBER RECEIVING CERTAIN SPECIFIC STATE OR FEDERAL BENEFITS SUCH AS TANF, WIC, FDPIR OR MEDICAID
- CHILD IS ENROLLED IN FOSTER CARE SYSTEM, IS HOMELESS, A RUNAWAY OR A MIGRANT

### **ELIGIBILITY VIA INCOME CONSIDERATION:**

• ELIGIBILITY CAN ALSO BE DETERMINED BASED ON HOUSEHOLD INCOME. CHOCTAW NATION OF OKLAHOMA SUMMER EBT IS REQUIRED TO USE THE INCOME ELIGIBILITY GUIDELINES CREATED FOR USDA\_FNS CHILD NUTRITION PROGRAMS. THIS IS THE SAME ELIGIBILITY GUIDELINES USED TO DETERMINE ELIGIBILITY FOR FREE AND REDUCED-PRICE MEALS PARTICIPATING SCHOOLS. ADJUSTMENTS ARE MADE ANNUALLY. TO VIEW CURRENT INCOME ELIGIBILITY GUIDELINES, VISIT:

- FNS.USDA.GOV/CN/FR-031325 FOR GUIDELINES EFFECTIVE JULY 1, 2025-JUNE 30, 2026
- FNS.USDA.GOV/SCHOOLMEALS/FR-040926 FOR GUIDELINES EFFECTIVE JULY 1, 2026-JUNE 30, 2027

• HOUSEHOLDS WITH INCOMES AT OR BELOW THE INCOME LIMIT MAY BE ELIGIBLE FOR SUMMER EBT

## PRIMARY CONTACT INFORMATION

The primary contact should be the parent/legal guardian applying for benefits on behalf of the children in the household.

**First Name** \_\_\_\_\_ **Middle Name** \_\_\_\_\_ **Last Name** \_\_\_\_\_

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### Race / Ethnicity

<input type="checkbox"/>	Asian
<input type="checkbox"/>	Black
<input type="checkbox"/>	Hispanic
<input type="checkbox"/>	White
<input type="checkbox"/>	Multiple
<input type="checkbox"/>	Native American
<input type="checkbox"/>	Other

**Birth Date** (MM/DD/YYYY)

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**Mailing Address** (This is the address we will mail your card to)

**Mailing Address Line 1**

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**Physical Address** Check  if same as mailing address

**Physical Address Line 1**

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**City** \_\_\_\_\_ **State** \_\_\_\_\_ **ZIP** \_\_\_\_\_

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Email \_\_\_\_\_

Primary Phone Number \_\_\_\_\_

Primary Phone Type

- Home
- Mobile
- Work

Secondary Phone Number \_\_\_\_\_

Secondary Phone Type

- Home
- Mobile
- Work

**I consent to be contacted**

We will contact you if we have questions about your application, to confirm receipt of your application, and to inform you whether or not your application is approved. By selecting "Yes", you consent to be contacted with additional information related to your benefits including reminders and alerts about your benefits.

- Yes
- No

**Are you a member of the household?**

- Yes
- No

**If yes, select your role?**

- Parent/Guardian
- Other

**SECONDARY CONTACT INFORMATION**

Please add a secondary contact to whom we may reach out about your benefits if we are unable to reach the primary contact. This might help speed up your receipt of benefits.

First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Last Name \_\_\_\_\_

Email \_\_\_\_\_

Primary Phone Number \_\_\_\_\_

Primary Phone Type

- Home
- Mobile
- Work

**HOUSEHOLD INFORMATION**

**Primary Language Spoken**

English

Spanish

Other (Please specify) \_\_\_\_\_

**Which of the following programs is any member of your household currently participating in?**

SNAP (also known as food stamps), TANF (Temporary Assistance for Needy Families), FDPIR (commodities or Food Distribution Program on Indian Reservations), Medicaid (SoonerCare).

SNAP

TANF

FDPIR

Medicaid

None

Use the following section to report income or federal or state program participation for all household members that receive any income. Please include any income, before any taxes or deductions, received from wages from work, social security, SSI, government assistance, child support, alimony, etc.

name	gender	Birth date	Income amount	Income frequency	source

**CHILD INFORMATION**

Use the following section to add each child in your household attending school, Head Start-12th grade, who would like to participate in the Summer EBT for Children program. You can add as many school aged children as needed by selecting the "Add child" button found below this section.

For this application, an 18 or 19 year old who graduated from an eligible high school this school year (2024-2025) should be entered in the Child Information section.

**CHILD #1**

**First Name** \_\_\_\_\_ **Middle Name** \_\_\_\_\_ **Last Name** \_\_\_\_\_

**Suffix**

JR

SR

III

IV

**Race / Ethnicity**





- Asian
- Black
- Hispanic
- White
- Multiple
- Native American
- Other

**Birth Date** (MM/DD/YYYY)

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**Grade**

Select the grade for the most recent school year, not the grade they will be entering next year.

- Head Start
- Pre K
- Kindergarten
- 1ST
- 2ND
- 3RD
- 4TH
- 5TH
- 6TH
- 7TH
- 8TH
- 9TH
- 10TH
- 11TH
- 12TH

**School District** *Write the name of the School District this child attends.*

**Home School?**

- Yes
- No

**Other School?**

- Yes
- No

**Foster Child?**

- No  Yes

**CHILD #4**

**First Name** \_\_\_\_\_ **Middle Name** \_\_\_\_\_ **Last Name** \_\_\_\_\_

**Suffix**

- JR
- SR
- III
- IV

**Race / Ethnicity**

- Asian
- Black
- Hispanic
- White
- Multiple
- Native American
- Other

**Birth Date** (MM/DD/YYYY)

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**Grade**

Select the grade for the most recent school year, not the grade they will be entering next year.

<input type="checkbox"/>	Head Start
<input type="checkbox"/>	Pre K
<input type="checkbox"/>	Kindergarten
<input type="checkbox"/>	1ST
<input type="checkbox"/>	2ND
<input type="checkbox"/>	3RD
<input type="checkbox"/>	4TH
<input type="checkbox"/>	5TH
<input type="checkbox"/>	6TH
<input type="checkbox"/>	7TH
<input type="checkbox"/>	8TH
<input type="checkbox"/>	9TH
<input type="checkbox"/>	10TH
<input type="checkbox"/>	11TH
<input type="checkbox"/>	12TH
<input type="checkbox"/>	<b>School District</b> <i>Write the name of the School District this child attends.</i>
<input type="checkbox"/>	_____

**Home School?**

<input type="checkbox"/>	Yes
<input type="checkbox"/>	No

**Other School?**

<input type="checkbox"/>	Yes
<input type="checkbox"/>	No

**Foster Child?**

<input type="checkbox"/>	Yes
<input type="checkbox"/>	No

## HOUSEHOLD MEMBER INFORMATION

Use the following section to add members to your household. A household is defined as a group of related or unrelated individuals who live together and share income and expenses. This might include parents, grandparents, aunts, uncles, adult children, and children who are not attending school.

### HOUSEHOLD MEMBER #1

**First Name** \_\_\_\_\_ **Middle Name** \_\_\_\_\_ **Last Name**

**Suffix**

<input type="checkbox"/>	JR
<input type="checkbox"/>	SR
<input type="checkbox"/>	III
<input type="checkbox"/>	IV

**Race / Ethnicity**

- Asian
- Black
- Hispanic
- White
- Multiple
- Native American
- Other

**Birth Date** (MM/DD/YYYY)

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**Role**

- Parent/Guardian
- Non-Student
- Other household member

**HOUSEHOLD MEMBER #2**

**First Name** \_\_\_\_\_ **Middle Name** \_\_\_\_\_ **Last Name**

**Suffix**

- JR
- SR
- III
- IV

**Race / Ethnicity**

- Asian
- Black
- Hispanic
- White
- Multiple
- Native American
- Other

**Birth Date** (MM/DD/YYYY)

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**Role**

- Parent/Guardian
- Non-Student
- Other household member

**HOUSEHOLD MEMBER #3**

**First Name** \_\_\_\_\_ **Middle Name** \_\_\_\_\_ **Last Name**

**Suffix**

<input type="checkbox"/>	JR
<input type="checkbox"/>	SR
<input type="checkbox"/>	III
<input type="checkbox"/>	IV

**Race / Ethnicity**

<input type="checkbox"/>	Asian
<input type="checkbox"/>	Black
<input type="checkbox"/>	Hispanic
<input type="checkbox"/>	White
<input type="checkbox"/>	Multiple
<input type="checkbox"/>	Native American
<input type="checkbox"/>	Other

**Birth Date** (MM/DD/YYYY)

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**Role**

<input type="checkbox"/>	Parent/Guardian
<input type="checkbox"/>	Non-Student
<input type="checkbox"/>	Other household member

**HOUSEHOLD MEMBER #3**

**First Name** \_\_\_\_\_ **Middle Name** \_\_\_\_\_ **Last Name**

**Suffix**

<input type="checkbox"/>	JR
<input type="checkbox"/>	SR
<input type="checkbox"/>	III
<input type="checkbox"/>	IV

**Race / Ethnicity**

<input type="checkbox"/>	Asian
<input type="checkbox"/>	Black
<input type="checkbox"/>	Hispanic
<input type="checkbox"/>	White
<input type="checkbox"/>	Multiple
<input type="checkbox"/>	Native American
<input type="checkbox"/>	Other

**Birth Date** (MM/DD/YYYY)

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**Role**

<input type="checkbox"/>	Parent/Guardian
<input type="checkbox"/>	Non-Student
<input type="checkbox"/>	Other household member

## **BEFORE SUBMITTING YOUR APPLICATION, PLEASE REVIEW THE FOLLOWING INFORMATION.**

Before submitting your application, you need to review the following information and sign an agreement at the bottom of the page.

- The Richard B. Russell National School Lunch Act requires that we use information from this application to determine who qualifies for Summer EBT benefits. We can only approve complete forms. We may share your eligibility information with education, health and nutrition programs to help them deliver program benefits to your household. Inspectors and law enforcement may also use your information to make sure that program rules are met. Some children qualify for Summer EBT without an application. Please contact your state or ITO to get Summer EBT for a foster child, and children who are homeless, migrant or runaway.
- The Summer EBT program MAY share your eligibility information with education, health and nutrition programs to help them evaluate, fund or determine benefits for programs, auditors for program reviews and law enforcement officials to help them look into violations of program rules.
- Foster, migrant, homeless and runaway children, and children enrolled in a head start program are categorically eligible for free meals and free milk. If you are completing an application for these children, contact the school for more information.
- Participation in this program will have no impact on other government assistance you and your child receive.
- The person signing the application certifies that all information furnished in the application is true and correct, that the application is being made in connection with the receipt of Federal funds, that the applicant is not already receiving Summer EBT benefits in another state or ITO, that Summer EBT agencies may verify the information on the application and that deliberate misrepresentation of the information may subject the applicant to prosecution under applicable State and Federal criminal statutes.
- I attest to changes in information as specified in this paragraph (b), if changes are voluntarily reported in writing during the eligibility period.
- The person signing the application certifies that all information furnished in the application is true and correct, that the application is being made in connection with the receipt of Federal funds, that the applicant is not already receiving Summer EBT benefits in another State or ITO, that Summer EBT agencies may verify the information on the application, and that deliberate misrepresentation of the information may subject the applicant to prosecution under applicable State and Federal criminal statutes

### **DISQUALIFICATION PENALTIES FOR INTENTIONAL PROGRAM VIOLATION:**

Any member of your household who intentionally makes a false or misleading statement, or misrepresents, conceals or withholds facts in order to receive Summer EBT benefits may be subject to the following penalties:

- First violation: Disqualification from the program for a period of 12 months.
- Second violation: Disqualification from the program for a period of 24 months.
- Third violation: Permanent disqualification from the program.
- In addition, any individual found to have made a fraudulent statement with respect to identity or place of residence in order to receive multiple benefits simultaneously shall be ineligible to participate in the program for a period of 10 years.
- Deliberate misrepresentation of the information provided on this application may also subject you to prosecution under applicable State and Federal



**I certify that all information furnished in the application is true and correct, that the application is being made in connection with the receipt of Federal funds, that school officials may verify the information on the application, and that deliberate misrepresentation of the information may subject me to prosecution under applicable State and Federal criminal statutes.**

## Signature

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To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/ad-3027s.pdf>, from any USDA office, by calling 866-632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted 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; or

2. Fax:

833-256-1665 or 202-690-7442; or

3. Email:

[Program.Intake@usda.gov](mailto:Program.Intake@usda.gov)

This institution is an equal opportunity provider.