

Summer EBT Application Packet

Before you begin, please review the following:

- If your student has received SNAP or OWF benefits from July 1, 2025-August 14, 2026 and is 6-18 years of age. They will be streamline certified for Summer EBT benefits, you do not need to submit this application.
- If your student has received Medicaid benefits between July 1, 2025-August 14, 2026, meets the income qualifications listed in the income eligibility chart below and is between 6-18 years of age. They will be streamline certified for Summer EBT benefits, you do not need to submit this application.
- If your student qualified for free or reduced meals at a school participating in the National School Lunch or School Breakfast Program, they will be submitted by the district as eligible to receive these benefits and you do not need to submit this application.
- Confirm the student attended an NSLP/SBP school in SY 2025–2026.
- If your student is already eligible as noted above, do not apply (benefits are automatic).
- If able to apply online at sebt.ohio.gov/application, the process of reviewing and processing benefits may be faster than utilizing a paper application.
- 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 applications. 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 Ohio Summer EBT team to verify benefits for Foster, Homeless, Migrant, Runaway and Head Start Students.

Phone: 866-244-0071 Option 1

Email: support@ohiosunbucks.org

INCOME GUIDELINES – 185%
Guidelines to be effective from July 1, 2025, through June 30, 2026

Number of persons in family or household size	Annual	Monthly	Twice per month	Every two weeks	Weekly
1	\$28,953	2,413	1,207	1,114	557
2	\$39,128	3,261	1,631	1,505	753
3	\$49,303	4,109	2,055	1,897	949
4	\$59,478	4,957	2,479	2,288	1,144
5	\$69,653	5,805	2,903	2,679	1,340
6	\$79,828	6,653	3,327	3,071	1,536
7	\$90,003	7,501	3,751	3,462	1,731
8	\$100,178	8,349	4,175	3,853	1,927
Each additional member add	\$10,175	848	424	392	196

Instructions:

Complete this application and return it to the following address:

Ohio Summer EBT
 PO Box 4
 Lima, Ohio 45802

The following selections must be completed by the head of household or student guardian: A non-household member may be designated as the authorized representative for the application processing purpose if the household has difficulty completing the application.

- Household Size:** Indicate the total number of individuals living in your household including all adults and children.
- Student Information:** Complete for each student Pre-k through grade 12 attending a school participating in the National School Lunch or School Breakfast Program.

Last Name	First Name	Birth Date MM-DD-YY	School	Identify: H = Homeless M = Migrant R = Runaway F = Foster
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

For additional lines, please attach a second sheet to this application with the added members and information requested above clearly marked Page 2.

- TOTAL MONTHLY HOUSEHOLD INCOME:** Report income for all members of household excluding foster children.

Type of Income	Income	Check if No Income
1. Gross Monthly Earnings: Wages, Salary, Commissions	\$	
2. Monthly Welfare Payments, Child Support, Alimony	\$	
3. Monthly Payments from Pensions, Retirement, Social Security	\$	
4. Monthly Dividends or Interest on Savings	\$	
5. Monthly Worker's Compensation, Unemployment, Strike Benefit	\$	
6. Other Monthly Income (SSI, VA, Disability, Farm, other)	\$	
Total Monthly Household Income (Add lines 1-6)	\$	

4. **Racial and Ethnic Identities:** We are required to ask for information about your children’s race and ethnicity. Responding to this section is optional and does not affect your children’s eligibility for Summer EBT benefits.

<u>Choose one ethnicity:</u>	<u>Choose one or more (regardless of ethnicity):</u>
Hispanic/Latino	Asian American Indian or Alaska Native
Not Hispanic/Latino	Black or African American White
	Native Hawaiian or other Pacific Islander

5. **SIGNATURE:** The signing adult must complete at minimum the signature, printed name and date section below. Should your students qualify, the address below will be used to mail Summer EBT benefits to the household.

I certify (promise) that all information on this application is true and that all income is reported. I certify that I am not already receiving funds from another State or ITO. I understand that the school or Summer EBT agency officials may verify (check) the information. I understand that if I purposely give false information, my child may lose benefits and I may be prosecuted under the applicable State and Federal criminal statutes.

Signature _____ Date _____

Printed Name _____

Address _____ City _____ Zip Code _____

Home Phone _____ Mobile Phone _____

Email Address _____

Internal Office Use Only:

Qualifies Does Not Qualify

Reason:

In accordance with federal civil rights law and USDA civil rights regulations and policies, the USDA, its agencies, offices, employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, religion, sex, disability, age, marital status, family/parental status, income derived from a public assistance program, political beliefs, or reprisal or retaliation for prior civil rights activity, in any program or activity conducted or funded by USDA (not all bases apply to all programs). Remedies and complaint filing deadlines vary by program or incident.

Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotape, American Sign Language, etc.) should contact the state or local agency that administers the program or contact USDA through the Telecommunications Relay Service at 711 (voice and TTY). Additionally, program information may be made available in languages other than English.

To file a program discrimination complaint, complete the USDA Program Discrimination Complaint Form, [AD-3027](#), found online at How to File a Program Discrimination Complaint 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, Mail Stop 9410, Washington, D.C. 20250-9410;
- 2. Fax:** (202) 690-7442; or
- 3. Email:** program.intake@usda.gov.

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