



# PANDEMIC FOOD ASSISTANCE FOR SCHOOL-AGED CHILDREN P-EBT APPLICATION

NORTH DAKOTA DEPARTMENT OF HUMAN SERVICES  
ECONOMIC ASSISTANCE/SNAP  
SFN 809 (4-2020)

State Office Use Only

Application Number

Children eligible for free or reduced school lunches may be eligible for SNAP P-EBT. SNAP P-EBT is a food assistance program administered by the USDA - Food & Nutrition Service via the Supplemental Nutrition Assistance Program (SNAP). The program provides food assistance benefits to household with school age children eligible for free or reduced school meals, during school closure due to the pandemic. The benefit is equal to the National cost of school breakfast and lunch for the average days school is closed in North Dakota. Benefits are issued via an electronic benefit transmission card (EBT card).

Households eligible for free or reduced meals who have received SNAP during the 2019-2020 school year will automatically receive P-EBT issued to their SNAP EBT card. You will receive a notice when the benefit is available.

This application is for households with children who receive or are eligible to receive free or reduced school lunches and who have not already received P-EBT on their SNAP EBT card. Complete this application to the best of your knowledge. Be sure to read and sign at the bottom of this application.

**Note:** The Privacy Act of 1974 (P.L. 93-579, Section 7) requires the following information be provided when individuals are requested to disclose their social security number. Disclosure of your social security number (SSN) is voluntary and it is requested for identification purposes. Failure to disclose SSN will not affect participation in the program but could possibly delay processing your request.

## Step 1: Adult Who Will Be Our Contact For This Application

Head of Household (parent or guardian of children)				
Social Security Number (optional)		Date of Birth		Telephone Number
Household Address as Reported to School				
City	State	ZIP Code	School District Code	
Mailing Address (if different from above)		City	State	ZIP Code
Do you currently receive SNAP benefits? <input type="checkbox"/> No <input type="checkbox"/> Yes - Specify State Benefits Received From:				

## Step 2: List the School-Age Children For Which You Are Applying

Name of School Age Child (Last, First, Middle Initial)	Social Security Number (optional)	Date of Birth

For additional school age children in your household please attach a separate sheet of paper with their information.

### Step 3: Read and Sign this Application

**USDA Non-Discrimination Statement:** North Dakota will continue to comply with civil rights requirements, to include providing equal access to individuals with disability and individuals who are limited English proficient.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form (AD-307) found online at: [http://www.ascr.usda.gov/complaint\\_filing\\_cust.thms](http://www.ascr.usda.gov/complaint_filing_cust.thms), or 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 mail at U.S. Department of Agriculture, Office of Assistant Secretary for Civil Rights, 1400 Independence Ave S.W., Washington, DC 20250-9410, by fax (202) 690-7442 or email at [program.intake@usda.gov](mailto:program.intake@usda.gov).

**Penalty Warning:** If your household participates in SNAP, it must follow the rules listed below. Any member of your household who intentionally does not follow these rules can be barred from SNAP for 12 months, 24 months or permanently, and may be fined or imprisoned, or both.

- \*Do not give false information, or hide information, to receive or continue to receive SNAP.**
- \*Do not give, trade, or sell SNAP benefit to anyone not authorized to use them.**
- \*Do not alter any authorization document to receive SNAP benefits you are not entitled to receive.**
- \*Do not use SNAP benefits to purchase ineligible items, such as alcohol or tobacco.**
- \*Do not use someone else's SNAP benefits for your household.**

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 to receive. Any false claim, statement or concealment of any material fact, in whole or in part, may subject me to criminal and/or civil prosecution. As a result of the temporary closure of schools due to the COVID-19 pandemic, the children listed on this application are not receiving free or reduced meals 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. I understand that if I disagree with any action taken on my case, I have the right to request a fair hearing either orally or in writing.

Signature	Date
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### Step 4: Submit Your Completed Application

You may submit your completed and signed P-EBT application one of three ways:\

Mail to: North Dakota Department of Human Services  
Attn: Supplemental Nutrition Assistance Program / P-EBT  
600 E Boulevard Ave, Dept 325  
Bismarck, ND 58505

Email to: [SNAP-PEBT@nd.gov](mailto:SNAP-PEBT@nd.gov)

OR

You may apply on-line at [www.nd.gov/dhs/services/financialhelp/](http://www.nd.gov/dhs/services/financialhelp/)

Questions can be directed to [SNAP-PEBT@nd.gov](mailto:SNAP-PEBT@nd.gov) OR call (701) 328-2332