**INSTRUCTIONS**

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| **Instructions for Families** |
| If you have one or more students you would like to be reconsidered for Pandemic EBT benefits, complete this intake form. This form must be completed and submitted to your district or student’s school no later than **August 2, 2021**. |
| Submit this form to:  Email – [sebasthian.varas@canyonsdistrict.org](mailto:sebasthian.varas@canyonsdistrict.org) |
| If you have trouble filling out this form, contact:  Sebasthian Varas [Sebasthian.varas@canyonsdistrict.org](mailto:Sebasthian.varas@canyonsdistrict.org) |

**RECONSIDERATION FORM**

Section 1 – Qualification

Check “Yes” or “No” for each statement below. **You must select all “Yes” answers in order to qualify for reconsideration**. If you do not understand a statement or are unsure of the answer, select Yes and your school district will verify the information.

|  |  |  |
| --- | --- | --- |
|  | Yes | No |
| My household was notified by the school foodservice department we are eligible to receive free or reduced-price school meals *as a result of direct certification or an income application approval* OR my student is enrolled in a Community Eligibility School or Provision 2 school. |  |  |
| My student is enrolled at a school building that qualifies for P-EBT.  Visit the DWS P-EBT webpage <https://jobs.utah.gov/covid19/pebt/> and go to link listing eligible schools under the section, “How do I know if I am eligible?” |  |  |
| My student(s) did not receive the expected partial or full P-EBT benefit. I am asking for a review to reconsider the P-EBT benefit or the amount my student(s) are eligible for. |  |  |

Section 2 – Complete this section for each student you would like to be reconsidered for P-EBT benefits. If you have more than four students for whom you would like benefits to be reconsidered, please fill out a second form and attach it to this one.

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| Student 1 Name (First Name, Last Name) | Student Birthday (mm/dd/yyyy) |
|  |  |
| School Student is Enrolled-This is the name of the school building where your student attends class or would be attending class if they were going to school in person. | |
| School Building | School District |
|  |  |
|  | |
| Student 2 Name (First Name, Last Name) | Student Birthday (mm/dd/yyyy) |
|  |  |
| School Student is Enrolled-This is the name of the school building where your student attends class or would be attending class if they were going to school in person. | |
| School Building | School District |
|  |  |
|  | |
| Student 3 Name (First Name, Last Name) | Student Birthday (mm/dd/yyyy) |
|  |  |
| School Student is Enrolled-This is the name of the school building where your student attends class or would be attending class if they were going to school in person. | |
| School Building | School District |
|  |  |
|  | |
| Student 4 Name (First Name, Last Name) | Student Birthday (mm/dd/yyyy) |
|  |  |
| School Student is Enrolled-This is the name of the school building where your student attends class or would be attending class if they were going to school in person. | |
| School Building | School District |
|  |  |
|  | |

Section 3 – Read Before Signing

* Completing this form is voluntary to be reconsidered for P-EBT benefits.
* I swear that all the information above it true. Making a false statement is considered fraud and/or perjury.
* I understand benefits will be mailed to the address on file with the school.
* The decision on this reconsideration is final. No hearing or appeal is allowed.

|  |  |
| --- | --- |
| Printed Name of Parent or Guardian | Phone Number |
|  |  |
| Mailing Address |  |
|  |  |
| Signature of Parent or Guardian | Date |
|  |  |

**LEA/School Use Only**

|  |  |  |
| --- | --- | --- |
| Date Received: |  | |
| Students Eligible for free or reduced-price school meals: | YES | NO |
| Students Enrolled in a P-EBT qualified school: | YES | NO |
| Submit intake form to: Sebasthain Varas Director of Nutrition Services at Sebasthian.varas@canyonsschooldistrict.org | | |