

# 2024 Summer Electronic Benefits Transfer (Summer EBT) Application

**Version for families applying on or before June 30, 2024**

Dear families,

In School Year 2023-2024 and Summer 2024, eligible families of students attending Community Eligibility Provision (CEP) approved schools can apply for Summer EBT 2024 benefits through their school.

Summer EBT provides grocery-buying benefits in the amount of \$120 per child to income eligible families with school-aged children when schools are closed for the summer. The program is administered by the Department of Transitional Assistance (DTA) in partnership with the Department of Elementary and Secondary Education (DESE) with assistance from schools.

Eligible families who can use this form to apply for Summer EBT benefits are those with school-aged children who:

- attend schools approved for the Community Eligibility Program (CEP),
- have not been directly certified for free or reduced-price school meals, and
- otherwise meet free or reduced price school meal income eligibility.

This Summer EBT Form **is not** an application for free or reduced-price school meals, and this form will in no way impact your child's access to free or reduced-price lunch and breakfast if your child already accesses these benefits.

If you have already received a notice that your child(ren) has been directly certified for free or reduced price meals you **do not** need to fill this form out.

The information that families provide on this form will only be used to determine eligibility for Summer EBT 2024 and may be kept by the [school district/charter school] for audit purposes.

Please follow the steps outlined below to complete the form and return it to [NAME and EMAIL by DUE DATE]. If you need assistance completing any portion of the form, please contact [NAME and EMAIL].

If you would like to apply online, please go to [DTA Connect - Massachusetts Department of Transitional Assistance](#).

## **Get More Funds for Food with SNAP (Supplemental Nutrition Assistance Program)**

If your household income falls within the ranges of this form, you may also be eligible for Supplemental Nutrition Assistance (SNAP). Visit DTA's informational page to [learn more about SNAP](#).

## STEP 1: Income requirements

**\*\*\*THESE INCOME REQUIREMENTS END JUNE 30, 2024. PLEASE REFER TO SEPARATE FORM IF APPLYING AFTER JULY 1, 2024**

**First, calculate your household's ANNUAL income.** Make sure to include all income sources, including: work, public assistance, child support, alimony, pensions, retirement, Social Security, Supplemental Security Income (SSI), unemployment insurance, veterans benefits, and child income. Use gross income, before any deductions for taxes, insurance, medical expenses, child support, etc.

**Second, identify the total number of people in your household in the table below.** Count all children and adults, related and un-related, that live in your household and share income and expenses.

**Third, follow the arrow from the number of people to the incomes that qualify. If your household income is in the listed range for the number of people in your household, check the box and complete the form.** Your household must meet the income requirements for your household size in order to be identified as Summer EBT eligible. For example, a household with one adult and two children (three total people) and an income of \$40,000 would qualify because their income is between \$0 and \$45,991.

# people in household	If your household income is in this range...	then check this box.
2 →	\$0 - \$36,482 →	<input type="checkbox"/>
3 →	\$0 - \$45,991 →	<input type="checkbox"/>
4 →	\$0 - \$55,500 →	<input type="checkbox"/>
5 →	\$0 - \$65,009 →	<input type="checkbox"/>
6 →	\$0 - \$74,518 →	<input type="checkbox"/>
7 →	\$0 - \$84,027 →	<input type="checkbox"/>
8 →	\$0 - \$93,536 →	<input type="checkbox"/>

***If household income does not fall within in the corresponding range based on your household size, your household is NOT eligible for Summer EBT and you should not complete the form.***

If your household has more than 8 people, provide the following information and work with your district or school to determine whether your household qualifies.

NUMBER OF CHILDREN/ADULTS: _____	ANNUAL INCOME: _____
<b>To be completed by the district/school:</b>	<b>Based on federal guidelines, does the household qualify based on size and combined annual income? If so, check this box and provide your initials:</b>  <input type="checkbox"/> Initials: _____

**STEP 2: Student information**

List all students in the household who are or will be enrolled in grades PK–12 in [the school district/charter school]. If additional students should be included, please add rows below this table.

Completed by parents/guardians		
First name	Last name	Grade

Completed by the district/school
SASID

**STEP 3: Adult signature and contact information**

By signing this form, I certify (promise) that all information on this application is true and correct and that all income is reported.

I understand that this information is given in connection with the receipt of Federal funds. I understand that the state may verify (check) the accuracy of information in this application and, if I am eligible, will use my contact information to issue my Summer EBT payment.

I am aware that if I purposely give false information or fail to promptly notify the state of my child's enrollment in an in-person school, my child may be denied benefits, and I may be prosecuted under applicable state and federal criminal laws.

I expressly authorize my child's school and the Department of Elementary and Secondary Education to disclose to the Department of Transitional Assistance information contained in my child's education record about their identity and school of enrollment for the purpose of verifying eligibility for participation in the Summer EBT program.

Name of adult completing the form (printed)	
Household address (if available) [Street, City, State, Zip Code]	
Contact information	
Signature	Today's Date

DO NOT FILL OUT THIS PART. THIS IS FOR SCHOOL USE ONLY.

*I have reviewed the above information and documentation and have concluded that it is properly and completely filled out to the best of my knowledge.*

Name of district or charter school official (printed)	
Signature	Today's date

**All costs associated with distributing, collecting, and reviewing these household income forms must be paid for with funds outside of the school food service account.**

