the Chickasaw Nation

Chris Anoatubby
Governor

Summer EBT for Children

Use the following section to add each child in your household, Pre-K-12th grade, who would like to participate in the Summer EBT for Children program.

First	MI	Last	Suffix	Gender	Race/ethnicity	Tribe	Birth date (mm/dd/yyyy)	Grade	School District	Foster Child	Case Number	Homeless, migrant, runaway	Case Number	Child receives free or reduced meals at school
				☐ M ☐ F						☐ Yes ☐ No		☐ Yes ☐ No		☐ Yes ☐ No
				☐ M ☐ F						☐ Yes ☐ No		☐ Yes ☐ No		☐ Yes ☐ No
				☐ M ☐ F						☐ Yes ☐ No		☐ Yes ☐ No		☐ Yes ☐ No
				☐ M ☐ F						☐ Yes ☐ No		☐ Yes ☐ No		☐ Yes ☐ No
				☐ M ☐ F						☐ Yes ☐ No		☐ Yes ☐ No		☐ Yes ☐ No
				☐ M ☐ F						☐ Yes ☐ No		☐ Yes ☐ No		☐ Yes ☐ No

Use the following section to add additional members in your household, such as parents, legal guardians, grandparents, younger and older siblings or other relatives living in the home.

First	MI	Last	Suffix	Gender	Race/ethnicity	Tribe	Birth date (mm/dd/yyyy)	Household member role (parent/legal guardian, child, non-student, other)
				☐ M ☐ F				
				☐ M ☐ F				
				☐ M ☐ F				
				☐ M ☐ F				
				☐ M ☐ F				
				☐ M ☐ F				

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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 (how often)	Source

Current household Income: $ _____ Income frequency (how often): ☐ Weekly ☐ Bi-weekly ☐ 2x month ☐ Monthly ☐ Annual Household size: _____

Language spoken in the home: ☐ English ☐ Spanish ☐ Other: _____

Which program does any household member participate in?
☐ SNAP ☐ TANF ☐ FDPIR (commodities) ☐ Medicaid/Soonercare ☐ Free or reduced lunch at school ☐ None Case no.: (if applicable) _____

This institution is an equal opportunity provider.

Primary guardian contact:

Parent name: _____
First Middle Last Suffix

Mailing address: _____
Street City State ZIP

Physical address: _____
Street City State ZIP

Email address: _____

Birthdate: _____ Home phone no.: (___) _____ Cell phone no.: (___) _____ Work phone no.: (___) _____

May we send text messages to your cell phone regarding monthly benefits? ☐ Yes ☐ No

Second guardian contact:

Parent name: _____
First Middle Last Suffix

Mailing address: _____
Street City State ZIP

Physical address: _____
Street City State ZIP

Email address: _____

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Birthdate: _____ Home phone no.: (___) _____ Cell phone no.: (___) _____ Work phone no.: (___) _____
May we send text messages to your cell phone regarding monthly benefits? □ Yes □ No

Authorized representative contact: (if applicable)

Name: _____
First Middle Last Suffix

Phone no.: (___) _____ Email address: _____

_____
Signature

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 criminal statutes.

_____ _____
Parent/legal guardian signature Date

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Summer EBT Application Instructions

The purpose of this application is to help determine eligibility for Summer EBT benefits through the Chickasaw Nation. 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 Chickasaw.net/SummerEBT .

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
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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. Chickasaw Nation 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.