EN

**STEP 1 Child Information** – List each child in your household. Select if you are applying for them and include the school they attend. **The child will only be eligible for Summer EBT if they attend a school that offers free or reduced-price meals.**

SUN BUCKS

For each child listed, report total gross income if any (before taxes and deductions) in whole dollars (no cents) only.
This can include earnings from work, Supplemental Security Income and other income. If they do not receive income from any source, write '0'.
**If you enter '0' or leave any fields blank, you are certifying (promising) that the listed child has no income to report.**

**Child 1**

**First Name *** | **MI** | **Date of Birth** *(Optional)* MM / DD / YYYY

**Last Name ***

**Name of School Attended During End of School Year** *(please leave blank if you do not know or do not wish to provide)*

**Name of School District**

**Income Source(s)**

Do you want to apply for Summer EBT benefits for this child? Yes ◯ No ◯

**Child Income** $

Weekly ◯ | Every 2 Weeks ◯ | 2x Month ◯ | Monthly ◯ | Annually ◯

**Ethnicity** *(Optional)*

Is this child Hispanic, Latina/o/x/e, or of Spanish ancestry? Yes ◯ No ◯

**Racial Heritage** *(Optional)*

Black or African American ◯ | Asian ◯ | Middle Eastern or North African ◯ | American Indian or Alaska Native ◯ | Native Hawaiian or Pacific Islander ◯ | White ◯ | Other ◯

**Child 2**

**First Name *** | **MI** | **Date of Birth** *(Optional)* MM / DD / YYYY

**Last Name ***

**Name of School Attended During End of School Year** *(please leave blank if you do not know or do not wish to provide)*

**Name of School District**

**Income Source(s)**

Do you want to apply for Summer EBT benefits for this child? Yes ◯ No ◯

**Child Income** $

Weekly ◯ | Every 2 Weeks ◯ | 2x Month ◯ | Monthly ◯ | Annually ◯

**Ethnicity** *(Optional)*

Is this child Hispanic, Latina/o/x/e, or of Spanish ancestry? Yes ◯ No ◯

**Racial Heritage** *(Optional)*

Black or African American ◯ | Asian ◯ | Middle Eastern or North African ◯ | American Indian or Alaska Native ◯ | Native Hawaiian or Pacific Islander ◯ | White ◯ | Other ◯

**(Continued) STEP 1 Child Information** – List each child in your household. Select if you are applying for them and include the school they attend. **The child will only be eligible for Summer EBT if they attend a school that offers free or reduced-price meals.**

**Child 3**

**First Name *** | **MI** | **Date of Birth** *(Optional)* MM / DD / YYYY

**Last Name ***

Do you want to apply for Summer EBT benefits for this child? Yes ◯ No ◯

**Name of School Attended During End of School Year** (*please leave blank if you do not know or do not wish to provide*)

**Child Income** $

Weekly ◯ | Every 2 Weeks ◯ | 2x Month ◯ | Monthly ◯ | Annually ◯

**Name of School District**

**Income Source(s)**

**Ethnicity** *(Optional)*

Is this child Hispanic, Latina/o/x/e, or of Spanish ancestry? Yes ◯ No ◯

**Racial Heritage** *(Optional)*

Black or African American ◯ | Asian ◯ | Middle Eastern or North African ◯ | American Indian or Alaska Native ◯ | Native Hawaiian or Pacific Islander ◯ | White ◯ | Other ◯

**Child 4**

**First Name *** | **MI** | **Date of Birth** *(Optional)* MM / DD / YYYY

**Last Name ***

Do you want to apply for Summer EBT benefits for this child? Yes ◯ No ◯

**Name of School Attended During End of School Year** (*please leave blank if you do not know or do not wish to provide*)

**Child Income** $

Weekly ◯ | Every 2 Weeks ◯ | 2x Month ◯ | Monthly ◯ | Annually ◯

**Name of School District**

**Income Source(s)**

**Ethnicity** *(Optional)*

Is this child Hispanic, Latina/o/x/e, or of Spanish ancestry? Yes ◯ No ◯

**Racial Heritage** *(Optional)*

Black or African American ◯ | Asian ◯ | Middle Eastern or North African ◯ | American Indian or Alaska Native ◯ | Native Hawaiian or Pacific Islander ◯ | White ◯ | Other ◯

**Add more children on page 7 and 8**

**STEP 2 Household Adults and Income -** List each adult in the household and their income (before taxes and deductions).

**A.** Do you or any of your household members participate in any of these programs: Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF), or New Mexico (Medicaid)? **If you provide a ONE case number, then you do not need to provide the names of all household members and income information in Step B.**

**If NO** -> Continue to Step B

**If YES** -> Please provide your ONE case number or write unknown if you do not know:

**Case Number** *(Not EBT card number)*

**B.** List all household adults (including yourself). For each adult listed, report total gross income if any (before taxes and deductions) in whole dollars (no cents) only. If they do not receive income from any source, write '0'. **If you enter '0' or leave any fields blank, you are certifying (promising) that the listed household person has no income to report.**

**Total Adult Members**

**Total Child Members**

**Adult 1**

**First Name *** **MI**

**Last Name ***

**Date of Birth** *(Optional)* / /

**Earnings from Work ***

$

Weekly ◯ Every 2 Weeks ◯

2x Month ◯ Monthly ◯

Annually ◯

**Assistance, Unemployment, Child Support & Alimony ***

$

Weekly ◯ Every 2 Weeks ◯

2x Month ◯ Monthly ◯

Annually ◯

**Pensions, Retirement, Social Security, Supplemental Security Income & Other Income ***

$

Weekly ◯ Every 2 Weeks ◯

2x Month ◯ Monthly ◯

Annually ◯

**Adult 2**

**First Name *** **MI**

**Last Name**

**Date of Birth** *(Optional)* / /

$

Weekly ◯ Every 2 Weeks ◯

2x Month ◯ Monthly ◯

Annually ◯

$

Weekly ◯ Every 2 Weeks ◯

2x Month ◯ Monthly ◯

Annually ◯

$

Weekly ◯ Every 2 Weeks ◯

2x Month ◯ Monthly ◯

Annually ◯

**Adult 3**

**First Name *** **MI**

**Last Name ***

**Date of Birth** *(Optional)* / /

$

Weekly ◯ Every 2 Weeks ◯

2x Month ◯ Monthly ◯

Annually ◯

$

Weekly ◯ Every 2 Weeks ◯

2x Month ◯ Monthly ◯

Annually ◯

$

Weekly ◯ Every 2 Weeks ◯

2x Month ◯ Monthly ◯

Annually ◯

**Add more adults on page 8**

**STEP 4 Signature and Contact Information** - Provide your signature and printed name to certify the application. List the best way to contact you. Items with * are required fields.

By signing, *"I certify (promise) that all information on this application is true, and that all income has been reported. I understand that this information is given in connection with the receipt of Federal funds, and that the New Mexico Public Education Department may verify (confirm) the information. I am aware that if I purposely give false information, I may be ineligible or have to repay benefits, and I may be prosecuted under applicable State and Federal laws."*

**Adult Signature***

**Today's Date** *(mm/dd/yy)*

**Date of Birth** *(Optional)*

**Adult First Name ***

**Phone Number**

**Adult Last Name ***

**Household Mailing Address Line 1**

**Household Mailing Address Line 2**

**City**

**State**

**ZIP Code**

**Email Address**

**Use of Information Statement, Categorical Eligibility Statement, and Information Disclosure Statement -** 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. This institution is an equal opportunity provider.

**USDA Non-Discrimination Statement -** 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 a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: https://www.usda.gov/sites/default/files/documents/ad-3027.pdf, 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:** Program.Intake@usda.gov

**This page is only required if you are using an authorized representative to help fill out and submit your application.**

**(Optional) Authorized Representative Signature** – You may choose someone to be an authorized representative. An authorized representative is someone that you know that can help you apply and submit information.

By signing, "*I certify (promise) that all information on this application is true, and that all income has been reported. I understand that this information is given in connection with the receipt of Federal funds, and that the Oregon Department of Human Services may verify (confirm) the information. I am aware that if I purposely give false information, I may be ineligible or have to repay benefits, and I may be prosecuted under applicable State and Federal laws.*"

**A.** **Do you want to give permission to an authorized representative to apply for benefits for you?** ***Yes*** ◯ ***No*** ◯

**B.** **If YES** -> Please have the authorized representative sign and fill out their information below:

**Authorized Representative Signature**

**Today's Date** *(mm/dd/yy)*

**Representative First Name**

**MI**

**Organization**

**Representative Last Name**

**Email Address**

**Phone Number**

## Application Disclaimers and Statements

**Rights and Liability of an Authorized Representative**

An authorized representative may do things such as the following for the client(s): Sign and submit applications, report changes, and receive copies of notices and other communication.

An authorized representative acts on behalf of the client(s) for the New Mexico Sun Bucks - Summer EBT program they apply for or receive. This will apply to all clients on the case. The authorized representative listed on this form will replace any previously designated authorized representatives on the case. The person or organization that is chosen as the authorized representative will remain the authorized representative until:

- A client on the case tells NMPED that they want to end this approval; or
- The authorized representative tells NMPED that they want to end this approval; or
- The person or organization is no longer permitted to act as the client's authorized representative

If the authorized representative gives wrong or incomplete information to NMPED and the information results in an overpayment, the clients and any other liable parties will have to pay back what they should not have received. If the authorized representative knowingly withholds or gives wrong information, the authorized representative will also have to pay it back.

The authorized representative must maintain the confidentiality of any information provided by NMPED regarding anyone listed on the application or case as well as adhere to any other relevant state and federal laws concerning conflicts of interest and confidentiality of information.

**(Extra Space) STEP 1 Child Information**

**Child 5**

**First Name *** | **MI** | **Date of Birth** *(Optional)* MM / DD / YYYY

**Last Name ***

**Name of School Attended During End of School Year** (*please leave blank if you do not know or do not wish to provide)*

**Name of School District**

**Income Source(s)**

Do you want to apply for Summer EBT benefits for this child? Yes ◯ No ◯

**Child Income** $

Weekly ◯ | Every 2 Weeks ◯ | 2x Month ◯ | Monthly ◯ | Annually ◯

**Ethnicity** *(Optional)*

Is this child Hispanic, Latina/o/x/e, or of Spanish ancestry? Yes ◯ No ◯

**Racial Heritage** *(Optional)*

Black or African American ◯ | Asian ◯ | Middle Eastern or North African ◯ | American Indian or Alaska Native ◯ | Native Hawaiian or Pacific Islander ◯ | White ◯ | Other ◯

**Child 6**

**First Name *** | **MI** | **Date of Birth** *(Optional)* MM / DD / YYYY

**Last Name ***

**Name of School Attended During End of School Year** (*please leave blank if you do not know or do not wish to provide)*

**Name of School District**

**Income Source(s)**

Do you want to apply for Summer EBT benefits for this child? Yes ◯ No ◯

**Child Income** $

Weekly ◯ | Every 2 Weeks ◯ | 2x Month ◯ | Monthly ◯ | Annually ◯

**Ethnicity** *(Optional)*

Is this child Hispanic, Latina/o/x/e, or of Spanish ancestry? Yes ◯ No ◯

**Racial Heritage** *(Optional)*

Black or African American ◯ | Asian ◯ | Middle Eastern or North African ◯ | American Indian or Alaska Native ◯ | Native Hawaiian or Pacific Islander ◯ | White ◯ | Other ◯

**(Extra Space) STEP 1 Child Information**

**Child 7**

**First Name *** | **MI** | **Date of Birth** *(Optional)*

**Last Name ***

**Name of School Attended During End of School Year** (*please leave blank if you do not know or do not wish to provide)*

**Name of School District**

**Income Source(s)**

Do you want to apply for Summer EBT benefits for this child?
Yes ◯ No ◯

**Child Income**
$

Weekly ◯ | Every 2 Weeks ◯
2x Month ◯ | Monthly ◯
Annually ◯

**Ethnicity** *(Optional)*

Is this child Hispanic, Latina/o/x/e, or of Spanish ancestry? Yes ◯ No ◯

**Racial Heritage** *(Optional)*

Black or African American ◯ | Asian ◯ | Middle Eastern or North African ◯ | American Indian or Alaska Native ◯ | Native Hawaiian or Pacific Islander ◯ | White ◯ | Other ◯

**Child 8**

**First Name *** | **MI** | **Date of Birth** *(Optional)*

**Last Name ***

**Name of School Attended During End of School Year** (*please leave blank if you do not know or do not wish to provide)*

**Name of School District**

**Income Source(s)**

Do you want to apply for Summer EBT benefits for this child?
Yes ◯ No ◯

**Child Income**
$

Weekly ◯ | Every 2 Weeks ◯
2x Month ◯ | Monthly ◯
Annually ◯

**Ethnicity** *(Optional)*

Is this child Hispanic, Latina/o/x/e, or of Spanish ancestry? Yes ◯ No ◯

**Racial Heritage** *(Optional)*

Black or African American ◯ | Asian ◯ | Middle Eastern or North African ◯ | American Indian or Alaska Native ◯ | Native Hawaiian or Pacific Islander ◯ | White ◯ | Other ◯

**(Extra Space) STEP 2 Household Adults and Income**

**Earnings from Work ***

**Assistance, Unemployment, Child Support & Alimony ***

**Pensions, Retirement, Social Security, Supplemental Security Income & Other Income ***

**Adult 4**

**Date of Birth** *(Mandatory)* / /

**First Name ***

**MI**

**Last Name ***

$ Weekly ◯ Every 2 Weeks ◯ 2x Month ◯ Monthly ◯ Annually ◯

$ Weekly ◯ Every 2 Weeks ◯ 2x Month ◯ Monthly ◯ Annually ◯

$ Weekly ◯ Every 2 Weeks ◯ 2x Month ◯ Monthly ◯ Annually ◯

**Adult 5**

**Date of Birth** *(Optional)* / /

**First Name ***

**MI**

**Last Name ***

$ Weekly ◯ Every 2 Weeks ◯ 2x Month ◯ Monthly ◯ Annually ◯

$ Weekly ◯ Every 2 Weeks ◯ 2x Month ◯ Monthly ◯ Annually ◯

$ Weekly ◯ Every 2 Weeks ◯ 2x Month ◯ Monthly ◯ Annually ◯

**Adult 6**

**Date of Birth** *(Optional)* / /

**First Name ***

**MI**

**Last Name ***

$ Weekly ◯ Every 2 Weeks ◯ 2x Month ◯ Monthly ◯ Annually ◯

$ Weekly ◯ Every 2 Weeks ◯ 2x Month ◯ Monthly ◯ Annually ◯

$ Weekly ◯ Every 2 Weeks ◯ 2x Month ◯ Monthly ◯ Annually ◯

**Adult 7**

**Date of Birth** *(Optional)* / /

**First Name ***

**MI**

**Last Name ***

$ Weekly ◯ Every 2 Weeks ◯ 2x Month ◯ Monthly ◯ Annually ◯

$ Weekly ◯ Every 2 Weeks ◯ 2x Month ◯ Monthly ◯ Annually ◯

$ Weekly ◯ Every 2 Weeks ◯ 2x Month ◯ Monthly ◯ Annually ◯