

What is Summer EBT?

The Arkansas Department of Human Services has partnered with the Arkansas Department of Education to provide summer food benefits (SEBT) to certain households. These benefits can help families buy food to provide meals for their children during the summer and will be available on an Electronic Benefit Transfer (EBT) card and can be used like SNAP benefits.

How to apply for Summer EBT Benefits

- You cannot apply over the phone. SEBT applications can be submitted:
 - Online at [Access Arkansas - Learn](#)
 - At any DHS office
 - Scan and email to: SummerEBT@dhs.arkansas.gov
 - Mail to:

Arkansas Department of Human Services
Mississippi Scanning Center
P.O. Box 2630
Blytheville, AR 72315
- More information about Summer EBT benefits can be found online, here: ar.gov/summerebt

Important Guidelines

- Children who are in Head Start/Early Head Start, Foster Care, are Homeless, are a member of a Migrant family, or are a Runaway, will automatically be eligible for Summer EBT benefits without meeting other eligibility criteria.
- If verification of any item(s) is requested to determine SEBT eligibility, and not provided by the deadline, your SEBT application will be denied, and you will have to reapply.
- You may reapply until August 25, 2025, ONLY if you are denied AND your circumstances have changed since the last application.
- If you previously opted out of SEBT benefits and want to opt back in, please mail or email (at the addresses above) a written signed statement, with ALL HH members name and DOB, asking to opt back in to SEBT program.
- If you were approved in 2024, the same SEBT card will be used each year. A new card will not be issued, unless requested.
- Each *approved* child will receive a one-time issuance of \$120.00 for the summer of 2025.
- Once approved for Summer EBT this year, no changes need to be reported.
- Unspent benefits will automatically expire after 122 days from the date they became available on the SEBT card.

INSTRUCTIONS FOR COMPLETING THE 2025 Arkansas Summer EBT Benefits Application

PART 1. INFORMATION ABOUT ALL HOUSEHOLD MEMBERS

- List parents/guardians and child(ren)
- Please include a phone number and email address in case the worker has any questions.
- Please include your mailing address; SEBT cards will be mailed to this address.
- Do not list anyone outside of the immediate family unless they are the guardian over the child(ren) and reside within the home.
- Enter the EXACT name of the school your child(ren) attend(ed) for the 2024-2025 school year.
- Grade Level will be for the 2024-2025 school year, not the grade your child(ren) will be going into next year.
- If any child(ren) received SNAP or TEA in the past year, include your SNAP or TEA Case Number
- This will assist in determining eligibility for SEBT benefits.
- Additional household members should be listed in Part 4: Additional Household Members.
- List income received at time of application.
- Enter the gross amount of all income before deductions.
- List all earned or unearned income received by all HH members
- HH income must be at or below 185% Federal Poverty Level (FPL). SEBT income limits are based on (National School Lunch Program (NSLP) income guidelines and updated July of each year.

Fields marked with an asterisk (*) are required.
However, to ensure your application is processed as quickly as possible, all fields should be completed.

PART 2. OPTIONAL - ASSIGN AN AUTHORIZED REPRESENTATIVE

- If you would like another adult, not listed in Part 1, to act on behalf of your household, include their information in this section.

PART 3. SIGNATURE

- The adult household member completing this form must enter their information and sign this section.
- The authorized representative is not authorized to sign this form.

PART 4. ADDITIONAL HOUSEHOLD MEMBERS

- List any additional household members.
- If more members need to be added, attach a separate sheet of paper with the additional members information.

Questions?

- For questions regarding your application or benefits:
 - Call the Summer EBT Call Center at 1-833-316-2421
 - Email SummerEBT@dhs.arkansas.gov
 - Visit your local county DHS office

Part 1: Information About All Household Members

SUMMER EBT
2025 Arkansas Summer EBT Benefits Application



Household Member #1 (You)									
*First Name				*Last Name				Middle Initial	
DOB MM/DD/YY	/	/	SSN:	-	-	Gender:	<input type="checkbox"/> Male	<input type="checkbox"/> Female	
Ethnicity: (Optional)	<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Not Latino								
Race (Optional)	<input type="checkbox"/> African American/Black <input type="checkbox"/> American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Native American <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other								
Phone Number				Email					
Mailing Address						City			
State				Zip Code					
Residence Address						City			
State				Zip Code					
* Income for Household Member #1 (You)									
Name of Employer						Check here if this member has no income: <input type="checkbox"/>			
Amount of gross earnings from work in (\$)				How Often is this income received:	<input type="checkbox"/> Weekly <input type="checkbox"/> Every 2 Weeks <input type="checkbox"/> Twice Monthly <input type="checkbox"/> Monthly				
Amount of TEA, child support, alimony in (\$)				How Often is this income received:	<input type="checkbox"/> Weekly <input type="checkbox"/> Every 2 Weeks <input type="checkbox"/> Twice Monthly <input type="checkbox"/> Monthly				
Amount of Pension, Retirement, Social Security, SSI, VA in (\$)				How Often is this income received:	<input type="checkbox"/> Weekly <input type="checkbox"/> Every 2 Weeks <input type="checkbox"/> Twice Monthly <input type="checkbox"/> Monthly				
Amount of All other income in (\$)				How Often is this income received:	<input type="checkbox"/> Weekly <input type="checkbox"/> Every 2 Weeks <input type="checkbox"/> Twice Monthly <input type="checkbox"/> Monthly				

Part 1: Information About All Household Members

Household Member #2

*First Name			*Last Name			Middle Initial	
DOB MM/DD/YY	/	/	SSN:	-	-	Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female
Ethnicity: (Optional)	<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Not Latino						
Race (Optional)	<input type="checkbox"/> African American/Black <input type="checkbox"/> American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Native American <input type="checkbox"/> Native Hawaiian/ Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other						
Name of School Attended 2024-2025:				School District:			
Grade Level		Is the Child	<input type="checkbox"/> Attending Head Start/ Early Head Start <input type="checkbox"/> In Foster Care <input type="checkbox"/> Migrant <input type="checkbox"/> Homeless <input type="checkbox"/> Runaway				
If Head Start, Name of School				If this child received SNAP or TEA during the 2024-2025 school year, provide case number:			

***Income for Household Member #2**

Name of Employer			Check here if this member has no income: <input type="checkbox"/>
Amount of gross earnings from work in (\$)		How Often is this income received:	<input type="checkbox"/> Weekly <input type="checkbox"/> Every 2 Weeks <input type="checkbox"/> Twice Monthly <input type="checkbox"/> Monthly
Amount of TEA, child support, alimony in (\$)		How Often is this income received:	<input type="checkbox"/> Weekly <input type="checkbox"/> Every 2 Weeks <input type="checkbox"/> Twice Monthly <input type="checkbox"/> Monthly
Amount of Pension, Retirement, Social Security, SSI, VA in (\$)		How Often is this income received:	<input type="checkbox"/> Weekly <input type="checkbox"/> Every 2 Weeks <input type="checkbox"/> Twice Monthly <input type="checkbox"/> Monthly
Amount of All other income in (\$)		How Often is this income received:	<input type="checkbox"/> Weekly <input type="checkbox"/> Every 2 Weeks <input type="checkbox"/> Twice Monthly <input type="checkbox"/> Monthly

SUMMER EBT
2025 Arkansas Summer EBT Benefits Application



Part 1: Information About All Household Members

Household Member #3

*First Name				*Last Name				Middle Initial	
DOB MM/DD/YY	/ /		SSN:	- -		Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female		
Ethnicity: (Optional)	<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Not Latino								
Race (Optional)	<input type="checkbox"/> African American/Black <input type="checkbox"/> American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Native American <input type="checkbox"/> Native Hawaiian/ Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other								
Name of School Attended 2024-2025:					School District:				
Grade Level		Is the Child	<input type="checkbox"/> Attending Head Start/ Early Head Start <input type="checkbox"/> In Foster Care <input type="checkbox"/> Migrant <input type="checkbox"/> Homeless <input type="checkbox"/> Runaway						
If Head Start, Name of School				If this child received SNAP or TEA during the 2024-2025 school year, provide case number:					

***Income for Household Member #3**

Name of Employer				Check here if this member has no income: <input type="checkbox"/>
Amount of gross earnings from work in (\$)		How Often is this income received:	<input type="checkbox"/> Weekly <input type="checkbox"/> Every 2 Weeks <input type="checkbox"/> Twice Monthly <input type="checkbox"/> Monthly	
Amount of TEA, child support, alimony in (\$)		How Often is this income received:	<input type="checkbox"/> Weekly <input type="checkbox"/> Every 2 Weeks <input type="checkbox"/> Twice Monthly <input type="checkbox"/> Monthly	
Amount of Pension, Retirement, Social Security, SSI, VA in (\$)		How Often is this income received:	<input type="checkbox"/> Weekly <input type="checkbox"/> Every 2 Weeks <input type="checkbox"/> Twice Monthly <input type="checkbox"/> Monthly	
Amount of All other income in (\$)		How Often is this income received:	<input type="checkbox"/> Weekly <input type="checkbox"/> Every 2 Weeks <input type="checkbox"/> Twice Monthly <input type="checkbox"/> Monthly	

Part 1: Information About All Household Members

Household Member #4

*First Name			*Last Name			Middle Initial	
DOB MM/DD/YY	/	/	SSN:	-	-	Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female
Ethnicity: (Optional)	<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Not Latino						
Race (Optional)	<input type="checkbox"/> African American/Black <input type="checkbox"/> American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Native American <input type="checkbox"/> Native Hawaiian/ Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other						
Name of School Attended 2024-2025:				School District:			
Grade Level		Is the Child	<input type="checkbox"/> Attending Head Start/ Early Head Start <input type="checkbox"/> In Foster Care <input type="checkbox"/> Migrant <input type="checkbox"/> Homeless <input type="checkbox"/> Runaway				
If Head Start, Name of School				If this child received SNAP or TEA during the 2024-2025 school year, provide case number:			

***Income for Household Member #4**

Name of Employer			Check here if this member has no income: <input type="checkbox"/>
Amount of gross earnings from work in (\$)		How Often is this income received:	<input type="checkbox"/> Weekly <input type="checkbox"/> Every 2 Weeks <input type="checkbox"/> Twice Monthly <input type="checkbox"/> Monthly
Amount of TEA, child support, alimony in (\$)		How Often is this income received:	<input type="checkbox"/> Weekly <input type="checkbox"/> Every 2 Weeks <input type="checkbox"/> Twice Monthly <input type="checkbox"/> Monthly
Amount of Pension, Retirement, Social Security, SSI, VA in (\$)		How Often is this income received:	<input type="checkbox"/> Weekly <input type="checkbox"/> Every 2 Weeks <input type="checkbox"/> Twice Monthly <input type="checkbox"/> Monthly
Amount of All other income in (\$)		How Often is this income received:	<input type="checkbox"/> Weekly <input type="checkbox"/> Every 2 Weeks <input type="checkbox"/> Twice Monthly <input type="checkbox"/> Monthly

Part 1: Information About All Household Members

Household Member #5

*First Name			*Last Name			Middle Initial	
DOB MM/DD/YY	/	/	SSN:	-	-	Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female
Ethnicity: (Optional)	<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Not Latino						
Race (Optional)	<input type="checkbox"/> African American/Black <input type="checkbox"/> American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Native American <input type="checkbox"/> Native Hawaiian/ Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other						
Name of School Attended 2024-2025:				School District:			
Grade Level		Is the Child	<input type="checkbox"/> Attending Head Start/ Early Head Start <input type="checkbox"/> In Foster Care <input type="checkbox"/> Migrant <input type="checkbox"/> Homeless <input type="checkbox"/> Runaway				
If Head Start, Name of School				If this child received SNAP or TEA during the 2024-2025 school year, provide case number:			

***Income for Household Member #5**

Name of Employer			Check here if this member has no income: <input type="checkbox"/>
Amount of gross earnings from work in (\$)		How Often is this income received:	<input type="checkbox"/> Weekly <input type="checkbox"/> Every 2 Weeks <input type="checkbox"/> Twice Monthly <input type="checkbox"/> Monthly
Amount of TEA, child support, alimony in (\$)		How Often is this income received:	<input type="checkbox"/> Weekly <input type="checkbox"/> Every 2 Weeks <input type="checkbox"/> Twice Monthly <input type="checkbox"/> Monthly
Amount of Pension, Retirement, Social Security, SSI, VA in (\$)		How Often is this income received:	<input type="checkbox"/> Weekly <input type="checkbox"/> Every 2 Weeks <input type="checkbox"/> Twice Monthly <input type="checkbox"/> Monthly
Amount of All other income in (\$)		How Often is this income received:	<input type="checkbox"/> Weekly <input type="checkbox"/> Every 2 Weeks <input type="checkbox"/> Twice Monthly <input type="checkbox"/> Monthly

SUMMER EBT

2025 Arkansas Summer EBT Benefits Application



Part 2: (OPTIONAL) Authorized Representative

Complete this section if you want to give permission to an authorized representative to act on your behalf.

First Name		Last Name		Middle Initial	
DOB MM/DD/YY	/	/	Phone Number		
Email					
Mailing Address				City	
State		Zip Code			

If the AUTHORIZED REPRESENTATIVE SECTION HAS BEEN COMPLETED: I certify that the individual(s) designated above is (are) allowed to act on my behalf. I understand my household will be held liable for any over issuance that results from the authorized representative providing incorrect information. I understand that the power to act as an authorized representative is valid until I modify the authorization for notify the agency that the representative is no longer authorized to act on my behalf, or the authorized representative informs the agency that he or she is no longer acting in such capacity, or there is a change in the legal authority upon which the individual or organization's authority was based.

Part 3: Signature (Adult Household Member Must Sign)

Under penalties of perjury, I state that I have reviewed this application, and to the best of my knowledge and belief, the answers I gave within this application are true. I affirm that none of the children on this application have already been approved or received SEBT in Arkansas or in another state for 2025. I understand the federal 2025 SEBT funds received are based on the information provided. I understand that I may have to provide proof that what I've told the Department is true. I understand that if I purposely give false information, my child(ren) may lose benefits. I understand that anyone knowingly providing false information may be prosecuted under applicable federal and state statutes.

*Signature		Date	/	/
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USE OF INFORMATION – INFORMATION DISCLOSURE

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.

PRIVACY NOTICE

The PRIVACY ACT of 1974 requires that Arkansas Department of Human Services (DHS) to tell you:

- 1) Whether disclosure is voluntary or mandatory;
- 2) How DHS will use your SSN; and
- 3) The law or regulation that allows DHS to ask you for the SSN.

We are authorized to collect from your household certain information including the social security number (SSN) of each eligible household member. For the Supplemental Nutrition Assistance Program, this authority is granted under the Food and Nutrition Act of 2008 as amended, 7U.S.C. 2001-2036. For both the Medicaid Program and TEA Program, this authority is granted under Federal laws codified at 42 U.S.C. 1320b-7(a)(1) and 1320b-7(b)(2). This information may be verified through computer matching programs. We will use this information to determine program eligibility to monitor compliance with program rules, and for program management. This information may be disclosed to other Federal and State agencies and to law enforcement officials. If a claim arises against your household, the information on this application, including all SSNs, may be provided to Federal or State officials or to private agencies for collection purposes.

NON – DISCRIMINATION STATEMENT

This institution is an equal opportunity provider.

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), religious creed, disability, age, political beliefs, 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, audiotope, American Sign Language), should contact the agency (state or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may 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:
US MAIL:

Food and Nutrition Service, USDA
1320 Braddock Place, Room 334
Alexandria, VA 22314; or

Fax: (833) 256-1665 or (202) 690-7442; or

Email: FNSCIVILRIGHTSCOMPLAINTS@usda.gov 

You may also file a complaint of discrimination by contacting:

Office of Program and Grant Management – SNAP Unit

P.O. Box 1437 – Slot S335

Little Rock, AR 72203-1437 or

Call (501) 534-4119

DCOCivilRightsComplaints@dhs.arkansas.gov

Part 4: Additional Household Members									
Household Member #6									
*First Name				*Last Name				Middle Initial	
DOB MM/DD/YY	/ /		SSN:	- -		Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female		
Ethnicity: (Optional)	<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Not Latino								
Race (Optional)	<input type="checkbox"/> African American/Black <input type="checkbox"/> American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Native American <input type="checkbox"/> Native Hawaiian/ Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other								
Name of School Attended 2024-2025:					School District:				
Grade Level			Is the Child	<input type="checkbox"/> Attending Head Start/ Early Head Start <input type="checkbox"/> In Foster Care <input type="checkbox"/> Migrant <input type="checkbox"/> Homeless <input type="checkbox"/> Runaway					
If Head Start, Name of School				If this child received SNAP or TEA during the 2024-2025 school year, provide case number:					

*Income for Household Member #6				
Name of Employer				Check here if this member has no income: <input type="checkbox"/>
Amount of gross earnings from work in (\$)		How Often is this income received:	<input type="checkbox"/> Weekly <input type="checkbox"/> Every 2 Weeks <input type="checkbox"/> Twice Monthly <input type="checkbox"/> Monthly	
Amount of TEA, child support, alimony in (\$)		How Often is this income received:	<input type="checkbox"/> Weekly <input type="checkbox"/> Every 2 Weeks <input type="checkbox"/> Twice Monthly <input type="checkbox"/> Monthly	
Amount of Pension, Retirement, Social Security, SSI, VA in (\$)		How Often is this income received:	<input type="checkbox"/> Weekly <input type="checkbox"/> Every 2 Weeks <input type="checkbox"/> Twice Monthly <input type="checkbox"/> Monthly	
Amount of All other income in (\$)		How Often is this income received:	<input type="checkbox"/> Weekly <input type="checkbox"/> Every 2 Weeks <input type="checkbox"/> Twice Monthly <input type="checkbox"/> Monthly	

Part 4: Additional Household Members									
Household Member #7									
*First Name				*Last Name				Middle Initial	
DOB MM/DD/YY	/ /		SSN:	- -		Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female		
Ethnicity: (Optional)	<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Not Latino								
Race (Optional)	<input type="checkbox"/> African American/Black <input type="checkbox"/> American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Native American <input type="checkbox"/> Native Hawaiian/ Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other								
Name of School Attended 2024-2025:					School District:				
Grade Level			Is the Child	<input type="checkbox"/> Attending Head Start/ Early Head Start <input type="checkbox"/> In Foster Care <input type="checkbox"/> Migrant <input type="checkbox"/> Homeless <input type="checkbox"/> Runaway					
If Head Start, Name of School				If this child received SNAP or TEA during the 2024-2025 school year, provide case number:					

*Income for Household Member #7				
Name of Employer				Check here if this member has no income: <input type="checkbox"/>
Amount of gross earnings from work in (\$)		How Often is this income received:	<input type="checkbox"/> Weekly <input type="checkbox"/> Every 2 Weeks <input type="checkbox"/> Twice Monthly <input type="checkbox"/> Monthly	
Amount of TEA, child support, alimony in (\$)		How Often is this income received:	<input type="checkbox"/> Weekly <input type="checkbox"/> Every 2 Weeks <input type="checkbox"/> Twice Monthly <input type="checkbox"/> Monthly	
Amount of Pension, Retirement, Social Security, SSI, VA in (\$)		How Often is this income received:	<input type="checkbox"/> Weekly <input type="checkbox"/> Every 2 Weeks <input type="checkbox"/> Twice Monthly <input type="checkbox"/> Monthly	
Amount of All other income in (\$)		How Often is this income received:	<input type="checkbox"/> Weekly <input type="checkbox"/> Every 2 Weeks <input type="checkbox"/> Twice Monthly <input type="checkbox"/> Monthly	

Part 4: Additional Household Members									
Household Member #8									
*First Name				*Last Name				Middle Initial	
DOB MM/DD/YY	/ /		SSN:	- -		Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female		
Ethnicity: (Optional)	<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Not Latino								
Race (Optional)	<input type="checkbox"/> African American/Black <input type="checkbox"/> American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Native American <input type="checkbox"/> Native Hawaiian/ Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other								
Name of School Attended 2024-2025:					School District:				
Grade Level			Is the Child	<input type="checkbox"/> Attending Head Start/ Early Head Start <input type="checkbox"/> In Foster Care <input type="checkbox"/> Migrant <input type="checkbox"/> Homeless <input type="checkbox"/> Runaway					
If Head Start, Name of School				If this child received SNAP or TEA during the 2024-2025 school year, provide case number:					

*Income for Household Member #8				
Name of Employer				Check here if this member has no income: <input type="checkbox"/>
Amount of gross earnings from work in (\$)		How Often is this income received:	<input type="checkbox"/> Weekly <input type="checkbox"/> Every 2 Weeks <input type="checkbox"/> Twice Monthly <input type="checkbox"/> Monthly	
Amount of TEA, child support, alimony in (\$)		How Often is this income received:	<input type="checkbox"/> Weekly <input type="checkbox"/> Every 2 Weeks <input type="checkbox"/> Twice Monthly <input type="checkbox"/> Monthly	
Amount of Pension, Retirement, Social Security, SSI, VA in (\$)		How Often is this income received:	<input type="checkbox"/> Weekly <input type="checkbox"/> Every 2 Weeks <input type="checkbox"/> Twice Monthly <input type="checkbox"/> Monthly	
Amount of All other income in (\$)		How Often is this income received:	<input type="checkbox"/> Weekly <input type="checkbox"/> Every 2 Weeks <input type="checkbox"/> Twice Monthly <input type="checkbox"/> Monthly	

Part 4: Additional Household Members									
Household Member #9									
*First Name				*Last Name				Middle Initial	
DOB MM/DD/YY	/ /		SSN:	- -		Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female		
Ethnicity: (Optional)	<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Not Latino								
Race (Optional)	<input type="checkbox"/> African American/Black <input type="checkbox"/> American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Native American <input type="checkbox"/> Native Hawaiian/ Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other								
Name of School Attended 2024-2025:					School District:				
Grade Level			Is the Child	<input type="checkbox"/> Attending Head Start/ Early Head Start <input type="checkbox"/> In Foster Care <input type="checkbox"/> Migrant <input type="checkbox"/> Homeless <input type="checkbox"/> Runaway					
If Head Start, Name of School				If this child received SNAP or TEA during the 2024-2025 school year, provide case number:					

*Income for Household Member #9				
Name of Employer				Check here if this member has no income: <input type="checkbox"/>
Amount of gross earnings from work in (\$)		How Often is this income received:	<input type="checkbox"/> Weekly <input type="checkbox"/> Every 2 Weeks <input type="checkbox"/> Twice Monthly <input type="checkbox"/> Monthly	
Amount of TEA, child support, alimony in (\$)		How Often is this income received:	<input type="checkbox"/> Weekly <input type="checkbox"/> Every 2 Weeks <input type="checkbox"/> Twice Monthly <input type="checkbox"/> Monthly	
Amount of Pension, Retirement, Social Security, SSI, VA in (\$)		How Often is this income received:	<input type="checkbox"/> Weekly <input type="checkbox"/> Every 2 Weeks <input type="checkbox"/> Twice Monthly <input type="checkbox"/> Monthly	
Amount of All other income in (\$)		How Often is this income received:	<input type="checkbox"/> Weekly <input type="checkbox"/> Every 2 Weeks <input type="checkbox"/> Twice Monthly <input type="checkbox"/> Monthly	

Part 4: Additional Household Members									
Household Member #10									
*First Name				*Last Name				Middle Initial	
DOB MM/DD/YY	/ /		SSN:	- -		Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female		
Ethnicity: (Optional)	<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Not Latino								
Race (Optional)	<input type="checkbox"/> African American/Black <input type="checkbox"/> American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Native American <input type="checkbox"/> Native Hawaiian/ Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other								
Name of School Attended 2024-2025:					School District:				
Grade Level			Is the Child	<input type="checkbox"/> Attending Head Start/ Early Head Start <input type="checkbox"/> In Foster Care <input type="checkbox"/> Migrant <input type="checkbox"/> Homeless <input type="checkbox"/> Runaway					
If Head Start, Name of School				If this child received SNAP or TEA during the 2024-2025 school year, provide case number:					

*Income for Household Member #10				
Name of Employer				Check here if this member has no income: <input type="checkbox"/>
Amount of gross earnings from work in (\$)		How Often is this income received:	<input type="checkbox"/> Weekly <input type="checkbox"/> Every 2 Weeks <input type="checkbox"/> Twice Monthly <input type="checkbox"/> Monthly	
Amount of TEA, child support, alimony in (\$)		How Often is this income received:	<input type="checkbox"/> Weekly <input type="checkbox"/> Every 2 Weeks <input type="checkbox"/> Twice Monthly <input type="checkbox"/> Monthly	
Amount of Pension, Retirement, Social Security, SSI, VA in (\$)		How Often is this income received:	<input type="checkbox"/> Weekly <input type="checkbox"/> Every 2 Weeks <input type="checkbox"/> Twice Monthly <input type="checkbox"/> Monthly	
Amount of All other income in (\$)		How Often is this income received:	<input type="checkbox"/> Weekly <input type="checkbox"/> Every 2 Weeks <input type="checkbox"/> Twice Monthly <input type="checkbox"/> Monthly	