



State of Illinois
Department of Human Services



PANDEMIC EBT (P-EBT) SNAP BENEFITS

Need Help Buying Food for Your School Age Children?

Apply for P-EBT SNAP Benefits. This is a special benefit that can help you buy food for your school age children 3 to 17 years old and 18 to 22 years old (in high school), who would receive National School Lunch Program free or reduced-priced meals when schools are in session.

Already Receiving SNAP?

If you currently receive SNAP benefits, you DO NOT need to apply for P-EBT benefits. You are automatically eligible to receive these benefits. Your additional P-EBT benefits will be loaded into your Illinois LINK EBT account along with your regular SNAP benefits.

How Much Will My Family Receive?

The benefit amount is a daily meal cost for the number of school days in the month for each eligible child in your home from March through June. For March, there were 10 school closure days. For April, there were 22 school closure days. March and April P-EBT benefits will be combined into one issuance for a total of \$182.40 per eligible child in your home. May P-EBT benefits are \$119.70 per eligible child in your home, and June P-EBT benefits are \$39.90 per eligible child in your home.

But My Family is Not Receiving SNAP Benefits

Is This Benefit Based on Household Income/Resources/Citizenship?

No, the only eligibility factor is that your child(ren) attend a school that participates in the National School Lunch Program and are eligible to receive free or reduced-priced meals when they are in school. For many schools, individual students qualify for free or reduced-price eligible meals. For other schools that participate in the Community Eligibility Provision (CEP), all enrolled students will qualify as meals are provided at no cost to the students. If you recently applied for free or reduced-price meals, P-EBT benefits will begin the month you become eligible. The head of the household of these students currently not receiving SNAP benefits will need to apply and be approved for P-EBT benefits.

How Do I Apply for P-EBT?

These instructions are for you to follow if you are not already receiving regular SNAP benefits.

- The most efficient way to apply is online at ABE.illinois.gov. If you apply online and include your Social Security Number (if you have one), it may help expedite the processing of your application for benefits; OR
- You can also complete a paper application by going to the IDHS website at dhs.state.il.us.gov and email to DHS.FCS.PEBT@illinois.gov; OR
- Mail a completed paper application to:

**Central Scan Unit (USC)
P.O. Box 19138
Springfield, IL 62763-9138**

How Do I Get My P-EBT Benefits?

You will receive a P-EBT LINK card in the mail with instructions on how to set up a PIN and use the card. Your benefits will already be available on the card for you to make food purchases at most grocery stores.



IDHS 4980 (R-08-20) PEBT Flyer

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FISCAL YEAR 2021 INCOME ELIGIBILITY GUIDELINES

The United States Department of Agriculture has issued the following income guidelines for the period July 1, 2020, through June 30, 2021:

Income Eligibility Guidelines Effective from July 1, 2020, to June 30, 2021									
Household Size	Free Meals 130% Federal Poverty Guideline				Household Size	Reduced-Price Meals 185% Federal Poverty Guideline			
	Annual	Monthly	Twice Per Month	Every Two Weeks		Annual	Monthly	Twice Per Month	Every Two Weeks
1	16,588	1,383	692	638	1	23,606	1,968	984	908
2	22,412	1,868	934	862	2	31,894	2,658	1,329	1,227
3	28,236	2,353	1,177	1,086	3	40,182	3,349	1,675	1,546
4	34,060	2,839	1,420	1,310	4	48,470	4,040	2,020	1,865
5	39,884	3,324	1,662	1,534	5	56,758	4,730	2,365	2,183
6	45,708	3,809	1,905	1,758	6	65,046	5,421	2,711	2,502
7	51,532	4,295	2,148	1,982	7	73,334	6,112	3,056	2,821
8	57,356	4,780	2,390	2,206	8	81,622	6,802	3,401	3,140
For each additional family member, add	5,824	486	243	224	For each additional family member, add	8,288	691	346	319
									160

The following is the definition of income:

Income is defined as any monies earned before any deductions such as income taxes, social security taxes, insurance premiums, charitable contributions, and bonds. It includes the following: (1) monetary compensation for services including wages, salary, commissions, or fees; (2) net income from non-farm self-employment; (3) net income from farm self-employment; (4) social security; (5) dividends or interest on savings or bonds or income from estates or trusts; (6) net rental income; (7) public assistance or welfare payments; (8) unemployment compensation; (9) government civilian employee or military retirement or pensions or veteran payments; (10) private pensions or annuities; (11) alimony or child support payments; (12) regular contributions from persons not living in the household; (13) net royalties; and (14) other cash income. Other cash income would include cash amounts received or withdrawn from any source including savings, investments, trust accounts, and other resources which would be available to pay the price of a child's meal.

INSTRUCTIONS FOR APPLYING – COMPLETE ONE APPLICATION PER HOUSEHOLD PER SCHOOL DISTRICT

IF YOUR HOUSEHOLD RECEIVES SNAP OR TANF BENEFITS, FOLLOW THESE INSTRUCTIONS AND RETURN THE COMPLETED FORM TO YOUR SCHOOL:

- Part 1:** List all household members, school and grade for each student, and a SNAP or TANF case number for any household member including adults receiving such benefits. (Attach another sheet of paper if necessary.)
- Part 2:** Skip this part.
- Part 3:** Skip this part.
- Part 4:** Sign the form. (The last four digits of a Social Security Number are not necessary.)
- Part 5 & 6:** Contact Information, and Children's Racial and Ethnic Identities: Answer these questions if you choose to. (Optional)

IF NO ONE IN YOUR HOUSEHOLD GETS SNAP OR TANF BENEFITS AND IF ANY CHILD IN YOUR HOUSEHOLD IS HOMELESS, A MIGRANT OR RUNAWAY OR HEAD START/EVEN START, FOLLOW THESE INSTRUCTIONS AND RETURN THE COMPLETED FORM TO YOUR SCHOOL:

- Part 1:** List all household members and the name of school for each child.
- Part 2:** If any child you are applying for is homeless, migrant, or a runaway check the appropriate box and call your school.
- Part 3:** Complete only if a child in your household isn't eligible under Part 2. See instructions for All Other Households.
- Part 4:** Sign the form. Only if part 3 is completed, please include the last four digits of a Social Security Number. (or mark the box if s/he doesn't have one).
- Part 5 & 6:** Contact Information, and Children's Racial and Ethnic Identities: Answer these questions if you choose to. (Optional)

IF YOU ARE APPLYING FOR A FOSTER CHILD, FOLLOW THESE INSTRUCTIONS AND RETURN THE COMPLETED FORM TO YOUR SCHOOL:

If all children in the household are foster children that are the legal responsibility of a foster care agency or court:

- Part 1:** List all foster children and the school name for each child. Check the "Foster Child" box for each foster child.
- Part 2:** Skip this part.
- Part 3:** Skip this part.
- Part 4:** Sign the form. The last four digits of a Social Security Number are not necessary.
- Part 5 & 6:** Contact Information, and Children's Racial and Ethnic Identities: Answer these questions if you choose to. (Optional)

If some of the children in the household are foster children that are the legal responsibility of a foster care agency or court:

- Part 1:** List all household members and the name of school for each child. Check the "Foster Child" box for each foster child.
- Part 2:** If any child you are applying for is homeless, migrant, or a runaway check the appropriate box and call your school.
- Part 3:** Follow these instructions to report total household income from this month or last month.
- Box 1—Name:** List all household members with income.
 - Box 2—Gross Income and How Often It Was Received:** For each household member, list each type of income received for the month. You must tell us how often the money is received—weekly, every other week, twice a month or monthly. For earnings, be sure to list the gross income, not the take-home pay. Gross income is the amount earned before taxes and other deductions. You should be able to find it on your pay stub or your boss can tell you. For other income, list the amount each person got for the month from welfare, child support, alimony, pensions, retirement, Social Security, Supplemental Security Income (SSI), Veteran's benefits (VA benefits), and disability benefits. Under All Other Income, list Worker's Compensation, unemployment or strike benefits, regular contributions from people who do not live in your household, and any other income. Do not include income from SNAP, FDPIR, WIC, Federal education benefits and foster payments received by the family from the placing agency. For ONLY the self-employed, under Earnings from Work, report income after expenses. This is for your business, farm, or rental property. If you are in the Military Privatized Housing Initiative or get combat pay, do not include these allowances as income.
- Part 4:** Adult household member must sign the form and list the last four digits of their Social Security Number (or mark the box if s/he doesn't have one).
- Part 5 & 6:** Contact Information, and Children's Racial and Ethnic Identities: Answer these questions if you choose to. (Optional)

ALL OTHER HOUSEHOLDS INCLUDING MEDICAID AND WIC HOUSEHOLDS, FOLLOW THESE INSTRUCTIONS:

- Part 1:** List all household members and the name of school for each child.
- Part 2:** If any child you are applying for is homeless, migrant, or a runaway check the appropriate box and call your school.
- Part 3:** Follow these instructions to report total household income from this month or last month.
- Box 1—Name:** List all household members with income.
 - Box 2—Gross Income and How Often It Was Received:** For each household member, list each type of income received for the month. You must tell us how often the money is received—weekly, every other week, twice a month or monthly. For earnings, be sure to list the gross income, not the take-home pay. Gross income is the amount earned before taxes and other deductions. You should be able to find it on your pay stub or your boss can tell you. For other income, list the amount each person got for the month from welfare, child support, alimony, pensions, retirement, Social Security, Supplemental Security Income (SSI), Veteran's benefits (VA benefits), and disability benefits. Under All Other Income, list Worker's Compensation, unemployment or strike benefits, regular contributions from people who do not live in your household, and any other income. Do not include income from SNAP, FDPIR, WIC, Federal education benefits and foster payments received by the family from the placing agency. For ONLY the self-employed, under Earnings from Work, report income after expenses. This is for your business, farm, or rental property. Do not include income from SNAP, FDPIR, WIC or Federal education benefits. If you are in the Military Privatized Housing Initiative or get combat pay, do not include these allowances as income.
- Part 4:** Adult household member must sign the form and list the last four digits of their Social Security Number (or mark the box if s/he doesn't have one).
- Part 5 & 6:** Contact Information, and Children's Racial and Ethnic Identities: Answer these questions if you choose to. (Optional)

Privacy Act Statement: This explains how we will use the information you give us. The Richard B. Russell National School Lunch Act requires the information on this application. You do not have to give the information, but if you do not, we cannot approve your child for free or reduced price meals. You must include the last four digits of the social security number of the adult household member who signs the application. The last four digits of the social security number is not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR) case number or other FDPIR identifier for your child or when you indicate that the adult household member signing the application does not have a social security number. We will use your information to determine if your child is eligible for free or reduced price meals, and for administration and enforcement of the lunch and breakfast programs. We MAY share your eligibility information with education, health, and nutrition programs to help them evaluate, fund, or determine benefits for their programs, auditors for program reviews, and law enforcement officials to help them look into violations of program rules.

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA. Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), 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. Additionally, program information may be made available in languages other than English. To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by: (1) mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410; (2) fax: (202) 690-7442; or (3) email: program.intake@usda.gov. This institution is an equal opportunity provider.

