June 27, 2022

Dear Parent/Guardian,

Pandemic-EBT (P-EBT) is a federal program designed to provide food support to families with children who were receiving free and reduced-price school meals and missed school for COVID-related absences. It can help families pay for food when students are absent from school due to a COVID-19 related isolation/quarantine. The Division of Elementary and Secondary Education (DESE), in collaboration with the Department of Human Services (DHS), received approval to operate this program in response to the COVID-19 related school closures for school year 2021-22.

To be eligible a student must:

- Qualify for free and reduced priced meal, AND
- Have been absent from school due to COVID-19 isolation/quarantine

**Benefits are allowed only on planned school calendar days. Benefits are not allowed on weekends or holidays.

For students whose instruction choice was **in-person**, the households can contact the Fordyce School District, **Chase McCollum at 870-352-3005** and complete the Arkansas Parent-Initiated P-EBT Application. The school district will verify the absences, approve the application, and submit the student's information to DESE. DESE will provide a file for DHS to process the benefit.

Anticipated timeline:

- June 23, 2022 July 29, 2022 Household to complete the application process and submit to the district
- July 29, 2022 August 12, 2022 District to consolidate collected student information and submit spreadsheet to DESE

If you have questions or need help, contact Fordyce Schools at 870-352-3005.

Sincerely,

Dr. Judy Hubbell Superintendent

USDA Non-Discrimination Statement

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: https://www.usda.gov/oascr/how-tofile-a-program-discrimination-complaint, 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: (2021 690-7442: or

(3) email: program.intake@usda.gov.

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, 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.

Arkansas Parent-Initiated P-EBT Application

District Name:

LEA #:

Pandemic-EBT (P-EBT) is a federal program. The Division of Elementary and Secondary Education (DESE), in collaboration with the Department of Human Services (DHS), received approval to operate this program in response to the COVID-19 related school closures. P-EBT provides food supports to help families with children who were receiving free and reduced-price school meals pay for food.

Eligibility for P-EBT:

- 1. The student must have been absent due to COVID-19.
- 2. The student must qualify for free and reduced-price meals.
- 3. Benefits are allowed only on planned school calendar days. Benefits are not allowed on weekends or holidays. ***Students electing year long virtual instruction are not required to fill out this application.*

To be completed by Parent/Guardian							
Student Nam							
Student Date							
Student Address:							
School Name	:						
Dates student was absent or attended school virtually due to COVID-19 isolation/quarantine (use MM/DD/YYYY format Example: 09/07/2021)							
Dates:							
Dates:							
Dates:							
I certify (promise) that all information on this application is true and that the dates specified in my application are days that my child did not attend school in person for a school-approved COVID-related reason. I understand that this information is given in connection with the receipt of Federal funds, and that school officials may verify (check) the information. I am aware that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted under applicable State and Federal laws. I understand that in order to process this application, DESE will share personally identifiable information (PII) about the student listed on this application with DHS, including but not limited to the information on this application. I consent to DESE sharing the above-listed student's PII with DHS for the purpose of processing this application.							
Parent/Guardian Name: Email: Parent/Guardian Contact Phone Number:							
Parent/Guardian Signature:			Date:				
Only completed forms will be processed							
To be completed by School District Personnel							
Total number of days student is eligible for benefits:					Student qualifies price meals:	s for free/reduced-	
Student ID Number:					Free/Reduced Eli	gibility Start Date:	
Signature of District Employee: Title:							

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