

# P-EBT for Pre-K Children 2021-22 School Year

<https://pebtbenefits.ny.gov/>

Pandemic-EBT (P-EBT) food benefits are temporary benefits provided to eligible children to help cover the cost of meals children would have otherwise received at school during the 2021-22 school year if not for absences or remote learning due to COVID-19. Children who attended Pre-kindergarten (Pre-K) in the 2021-22 school year may be eligible to receive P-EBT food benefits if:

- they attended a school that participated in the National School Lunch Program (NSLP), and
- was income-eligible for free/reduced price meals through NSLP, and
- their school was operating with reduced **in-person** attendance, or the child was absent or learning remotely due to COVID-19.

Many Pre-K children in New York State may have already received P-EBT food benefits automatically. The Office of Temporary and Disability Assistance (OTDA) is in the process of issuing payments for P-EBT food benefits to children who were under age 6 as of September 1, 2021, **AND** receiving SNAP for any month from September 1, 2021, to June 30, 2022.

Children attending Pre-K who were on SNAP and already received P-EBT food benefits may be eligible for additional benefits if they had 5 or more consecutive days of COVID-19 related absences or remote attendance in any month in the 2021-22 school year. Parents or guardians of children who attended Pre-K in the 2021-22 school year and did **not** receive SNAP at any time between September 2021 to June 2022, and who meet the eligibility criteria above, may apply for P-EBT food benefits through the online NYS P-EBT Food Benefit application.

Pre-K children may also be eligible for a Summer 2022 P-EBT food benefit, as long as they were enrolled in an eligible Pre-K school in June 2022 and income-eligible for free/reduced price meals. The Summer 2022 P-EBT food benefit is \$391. This benefit will automatically be paid to any child under age 6 if they received SNAP in June, July, or August 2022. All other pre-K children will need to apply for the Summer 2022 P-EBT food benefit using the NYS P-EBT Food Benefit application and the P-EBT Pre-K form (below).

To apply for P-EBT food benefits for a Pre-K child in the NYS P-EBT Food Benefit application, the parent/guardian must complete the online application, and complete and return the Pre-K form. The form is required to validate the child's eligibility for free/reduced price meals, and the number of COVID-19 related absences or remote learning days. Both the parent/guardian and a Pre-K school official must complete and sign the form. The following steps will help guide parents/guardians with completing and returning the form:

- Print the P-EBT Pre-K form.
- Complete *sections A* through *D*.
- Once *sections A* through *D* are complete, bring the form to the Pre-K program/school that the child attended during the 2021-22 school year.
- The school official should then complete *Section E*, and decide if the parent/guardian needs to complete *Section F* to determine income-eligibility for free/reduced price school meals.

- Only if instructed by the school, the parent/guardian should complete the **Income Worksheet** (*Section F*) on page 4.
- Once the form is complete and signed by both the parent/guardian and school official, the parent/guardian can then complete the online NYS P-EBT Food Benefit application, uploading the completed form into the online application.

The form requires the Pre-K school official to confirm that the child was income eligible for free/reduced price meals. Income eligibility can be determined in one of **three** ways:

1. Child participated SNAP/TA/Medicaid (*Section B-1*).
  - Please note, to be eligible for free meals under Medicaid, a child must have been deemed eligible through the Direct Certification Matching Process (DCMP).
2. Attended a Community Eligibility Provision (CEP) school in the 21-22 school year (*Section E-4*).
3. If neither of the above can be confirmed, the school will determine income eligibility by having the parent/guardian complete the **Income Worksheet** in *Section F*. The guidelines for using income information to determine eligibility for free/reduced price school meals for the 2021-22 school year, visit [www.cn.nysed.gov/sites/cn/files/2021policybooklet.pdf](http://www.cn.nysed.gov/sites/cn/files/2021policybooklet.pdf), and (Vol. 86, No. 41 March 4, 2021, pages 12594-12597 of the Federal Register) at <https://www.govinfo.gov/content/pkg/FR-2021-03-04/pdf/2021-04452.pdf>.

The form also requires school officials to document the number of COVID-19 related absences or remote learning days in the 2021-22 school year. P-EBT food benefit amounts are determined based on the number of eligible absences or remote learning days for each month. If a child does not have any eligible absences or remote learning days in the 2021-22 school year, the form must still be completed and returned to be considered for a Summer 2022 P-EBT food benefit.

The information provided in this form will be used only for the purpose of determining a child's eligibility for P-EBT food benefits for the 2021-22 school year. Please note, the application and form are **not** a free/reduced price meals application.

Once the form is complete, it can be scanned or photographed, and saved as a PDF file to a computer or mobile phone. The parent/guardian must log into their pending online application and upload the completed form. The application can then be submitted.

For questions or further assistance, visit the P-EBT Frequently Asked Questions (FAQ) at [otda.ny.gov/PEBT-FAQs](http://otda.ny.gov/PEBT-FAQs), call the P-EBT Food Benefits Helpline at **1-833-452-0096** for, or submit a question in writing, using the P-EBT information form at <https://otda.ny.gov/PEBT-Info>.

Child's Name/DOB \_\_\_\_\_

# P-EBT Pre-K Form

School Year 2021-22

## A. Pre-K Child Information – To be Completed by Parent/Guardian

Child's Full Name \_\_\_\_\_ Child's DOB \_\_\_\_\_  
Last First M.I. mm/dd/yyyy

Home Address \_\_\_\_\_  
Street Address Apartment/Unit #

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

## B. Parent Information – To be Completed by Parent/Guardian

Parent/Guardian #1 Full Name \_\_\_\_\_  
Last First M.I.

Parent/Guardian #1 DOB \_\_\_\_\_ Home Phone \_\_\_\_\_  
mm/dd/yyyy

Email Address \_\_\_\_\_ Cell Phone \_\_\_\_\_

Parent/Guardian #2 Full Name \_\_\_\_\_  
Last First M.I.

Parent/Guardian #2 DOB \_\_\_\_\_ Home Phone \_\_\_\_\_  
mm/dd/yyyy

Email Address \_\_\_\_\_ Cell Phone \_\_\_\_\_

1. Did the child receive SNAP, Temporary Assistance, or Medicaid at any time from September 2021 through June 2022?  Yes  No

If the answer is **yes**, you do not have to complete section F (income worksheet).

## C. School Absences – To be Completed by Parent/Guardian

Please check each month the child was absent/remote learning due to COVID-19. Then provide the numeric number of days the child was absent for that month in the column to the right (for example, "1," "2," "3"). Specific dates are not necessary.

✓ all that apply	Month	Number of Days Absent
	September 2021	
	October 2021	
	November 2021	
	December 2021	
	January 2022	
	February 2022	
	March 2022	
	April 2022	
	May 2022	
	June 2022	

Child's Name/DOB \_\_\_\_\_

2. Was the child enrolled in and attend Pre-K in June 2022? Yes No

**D. Parent Signature – To be Completed by Parent/Guardian**

By signing below, I am attesting, under penalty of perjury, that all of the statements and information that I have provided are true and that I am willing to cooperate with any efforts to verify the information provided. I understand that this is not an application for free/reduced priced school meals, and the information provided by me will only be used to determine my child's eligibility for P-EBT food benefits.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**E. Do NOT Write Below This Line – To be Completed by School**

Instructions to Pre-K School/Program:

The Pre-K school must confirm that the child met the income eligibility requirements for free/reduced price lunch (FRPL) in the 2021-22 school year. Schools can confirm eligibility in one of three ways:

1. Child participates in SNAP/TA/Medicaid (*Section B-1.*)
  - Please note: To be eligible for free meals under Medicaid, child must have been deemed eligible through the Direct Certification Matching Process (DCMP).
2. School participates in CEP in the 21-22 school year (*Section E-4., below*)
3. If neither of the above can be confirmed, the school will determine income eligibility by using worksheet in *Section F.*

If any one of these three conditions are met, the school will attest that the student was income eligible for FRPL for the 2021-22 school year. This information will only be used to determine P-EBT eligibility for the 2021-22 school year.

For more detailed instructions regarding the calculation of FRPL eligibility using household income, schools may refer to the full 2021-22 FRPL form with instructions (<https://www.cn.nysed.gov/sites/cn/files/2021policybooklet.pdf>), as well as the notice from the Federal Register (Vol. 86, No. 41 March 4, 2021, pages 12594-12597): <https://www.govinfo.gov/content/pkg/FR-2021-03-04/pdf/2021-04452.pdf>.

School Name \_\_\_\_\_ School Phone \_\_\_\_\_

Child's Full Name \_\_\_\_\_ Child's DOB \_\_\_\_\_  
Last First M.I.

mm/dd/yyyy

3. For the 2021-22 school year, did the Pre-K school participate in the National School Lunch Program? Yes No

4. For the 2021-22 school year, did the Pre-K school participate in the Community Eligibility Provision (CEP) or Provision 2? Yes No

Child's Name/DOB \_\_\_\_\_

Please check each month the child was absent/remote learning due to COVID. Then provide the numeric number of days the child was absent for that month in the column to the right (for example, "1," "2," "3"). Specific dates are not necessary.

✓ all that apply	Month	Number of Days Absent
	September 2021	
	October 2021	
	November 2021	
	December 2021	
	January 2022	
	February 2022	
	March 2022	
	April 2022	
	May 2022	
	June 2022	

- I certify that the above student was enrolled in the school listed during the 2021-22 school year.
- I certify that the number of absences indicated above for the student is correct.
- I certify that the parent or guardian of the student confirmed with the school that these absences were COVID-related.

By signing below, I am attesting, under penalty of perjury, that all of the statements and information that I have provided are true and that I am willing to cooperate with any efforts to verify the information provided. I understand that the information provided by me will only be used to determine this child's eligibility for P-EBT food benefits.

By signing below, I certify that the student met income eligibility requirements for free/reduced price meals under the National School Lunch Program for the 2021-22 school year.

Name of School Authorized Official/Representative \_\_\_\_\_  
(print)

Email Address \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_  
mm/dd/yyyy

Child's Name/DOB \_\_\_\_\_

### F. Income Worksheet - To be Completed by Parent/Guardian

This section only needs to be completed if the child did not participate in SNAP or TA or was not directly certified for free meals under Medicaid (*Section B-1.*) OR if the school listed in *Section E* did not participate in the Community Eligibility Provision (*Section E-4.*).

#### Instructions:

1. Write the names of everyone who lived in the household of the child listed in *Section A* during the School Year 2021-2022. Include **all** members, both those who received income and those who did not receive income. Include **all** members, including the child you are applying for in *Section A*; parents and step-parents, all other children, spouse, grandparents, and other related and unrelated people in your household. Use another piece of paper if you need more space.
2. Write the amount of income each household member received before taxes or anything else is taken out, and indicate where it came from, such as earnings, welfare, pensions, and other income. If the income was more or less than usual, write that person's usual income. Specify how often this income amount was received: weekly, every other week (bi-weekly), 2 x per month, monthly. If no income, check the box. The value of any child care provided or arranged, or any amount received as payment for such child care or reimbursement for costs incurred for such care under the Child Care and Development Block Grant, TANF, and At Risk Child Care Programs should not be considered as income for this program.
3. Enter the total number of household members in the box provided. This number should include all adults and children in the household for the 2021-22 school year, including the child listed in *Section A*.

#### Income for All Household Members

Name of Household Member	Earnings from work before deductions Amount / How Often	Child Support, Alimony Amount / How Often	Pensions, Retirement Payments Amount / How Often	Other Income, Social Security Amount / How Often	No Income ✓
	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	
	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	
	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	
	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	
	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	
	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	

Total number of household members (children and adults) \_\_\_\_\_

Total household income \$ \_\_\_\_\_