WASHINGTON CONNECTION

STEP-BY-STEP INSTRUCTIONS TO APPLY FOR PANDEMIC EBT (P-EBT)

WHAT YOU NEED TO APPLY FOR P-EBT:

- Your ZIP code
- Your contact information
- Names & birthdates for any students applying for P-EBT
- Mailing Address

WHAT IS NOT REQUIRED TO ANSWER:

- Social Security Numbers
- Driver's License or ID card information

Go to: www.WashingtonConnection.org

STEP 1. Click on **Apply Now**.

- Click **Apply Now** below to start the online application. When you are on the **Your Needs** page, select **Pandemic** **(Emergency School Meals Program)**. A separate application will be needed to apply for additional programs.
- DSHS will confirm your child's free or reduced-price meals status with the school. No interview is required. Appli— be processed within 30 working days.
- If the application is approved and you have an EBT card that you've used in the last 60 days, benefits will be ad— card. Otherwise, a new EBT card will be mailed to you. If you're not approved, you will receive a letter from DSH—
- If you are unable to complete the application online, call the Customer Service Contact Center at 877-501-2233— to 3 p.m. Monday through Friday.
- **Applications will be accepted until 5 p.m. August 31, 2020.**

Welcome

Washington Connection offers a fast and easy way for families and individuals to apply for a variety of services such a— Child Care, Long-Term Care, and Medicare Savings Programs. Individuals that are age 65 or older, blind or disabled ma— medical assistance. Click "See If I Qualify" to get started. Watch Video

Washington Healthplanfinder offers healthcare coverage for children, parents/caretakers with children, pregnant wom— 18 to 64 years old. For information regarding available services or to apply for benefits, visit www.wahealthplanfinder.or—

See If I Qualify | **Apply Now** | **Find Servic—**

STEP 2. Click **Close** (no need to create a SAW account).

—u must select the "Save and Finish Later" button and save with a Temporary Access Code.

Have you created a Secure Access Washington (SAW) Account?

If not, creating a SAW account allows you to save and finish incomplete applications at a later date. It may also be used to view the status of your application plus access Client Benefit Account information.

Close

STEP 3. Click **Next** (on bottom right of the screen).

—dsi loogu talagalay Waxtarrada [Somali]

—n Xin Phúc Lợi [Vietnamese]

—al languages are available here.

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STEP 4. Scroll to bottom of page & click **Next** (bottom right).

You can find a list of services subject to cost recovery under WAC 182-527-2742. You can find a list of assets excluded from recovery under WAC 182-527-2746. Estate Recovery doesn't apply to services provided under the following Long-term care and support programs:

- Medicaid Alternative Care (MAC)
- Tailored Supports for Older Adults (TSOA)

Race and Ethnic Background Information

Race and Ethnic background information is voluntary and will not affect eligibility or benefit amounts. This information is used to assure program benefits are distributed without regard to race, color, or national origin. For Food Assistance the USDA requires us to answer for you if no information is provided.

<< Back | **Next >>**

STEP 5. Enter the ZIP code where you live - then click **Next**.

ZIP Code

We need to know the ZIP Code where you live so we can send your information to the office nearest you.

Enter the ZIP Code where you live:

If you don't know your ZIP Code, use the United States Postal Service ZIP Code finder and pick any ZIP Code in the city where you currently stay.

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STEP 6. Select Pandemic EBT (Emergency School Meals Program) - then click **Next** (on bottom right).

Your Needs

Select all the benefits you need.

Cash Assistance	Food Assistance
Cash	☐ Basic Food
	☑ Pandemic EBT (Emergency School Meals Program)

Washington Apple Health	Child Care Assistance
Health Care Coverage - Everyone applying is 65 or older, blind or disabled	☐ Child Care Subsidy Programs
Medicare Savings Program	

Long Term Services and Supports

- ☐ In-Home Long Term Care Services
- ☐ Assisted Living Facility / Adult Family Home
- ☐ Nursing Home
- ☐ Hospice
- ☐ Healthcare / Workers with Disabilities (HWD)
- ☐ Tailored Supports For Older Adults (TSOA)

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STEP 7. Enter required Parent/Guardian Info – **Name** | click **No** (if a parent/guardian for "Include this person in benefits?") | & **Date of Birth**

About You

First Name

Middle Initial

Last Name

Include this person in benefits? ○ Yes ● No Information needed for applicants and non-applicants

Date of Birth

Marital Status? ——— *NOT required

Gender *NOT required —— Male —— Female

Social Security Number *NOT required

If you are an unaccompanied youth, enter your own name – then click **Yes** on "Include this person in benefits"?

Then click **Next**

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STEP 8. Enter your address where your P-EBT card should be mailed - then click **Next**.

Your Address

☐ I am Homeless. What information do I enter if I'm homeless?

Home Address

UNITED STATES POSTAL SERVICE® — Not Standardized

Firm Name/Attention	
Street Line 1	
Street Line 2	
City	
State	Washington ▾
ZIP Code	

[Next >>]

STEP 9. Enter information for each household member (child) who is eligible for P-EBT. Click **Add More** to add each eligible student.

Household Members

List everyone in your home, even if you do not want them included in your benefits. This includes household members that live outside the home.

Name	Include in Benefits	Lives Outside of Home	Gender	Date of Birth	Marital Status	Social Security Number	Relation	Edit	Delete
John Doe	No			07/02/1978			Self	📝	

[➕ Add More]   [Next >>]

Please enter your family member's information ✕

First Name:	
Middle Initial:	
Last Name:	

Required (name as it appears on school enrollment records)

Include this person in benefits? ◉ Yes ○ No Information needed for applicants and non-applicants

Date of Birth:	[ ][ ][ ] 📅
Marital Status:	▾
Gender:	○ Male ○ Female
SSN:	*NOT required* _____
Relation to you:	▾

[Add Another] [Save] [Cancel]

STEP 10. When all eligible children have been entered, click **Next**.

Household Members

List everyone in your home, even if you do not want them included in your benefits. This includes household members that live outside the home.

Name	Include in Benefits	Lives Outside of Home	Gender	Date of Birth	Marital Status	Social Security Number	Relation	Edit	Delete
John Doe	No			07/02/1978			Self	📝	
Jane Doe	Yes			07/31/2013			Child - Natural or Adopted	📝	[Delete]
Joe Doe	Yes			07/18/2013			Child - Stepchild	📝	[Delete]

[Next >>]

STEP 11. Enter Contact Info – then click **Next**.

Contact Information

NOTE: providing a phone number &/or email is important in case of problems matching your child's info with school records)

Belongs to:

Home Phone		John Doe ▾
Cell Phone		John Doe ▾
Work Phone	Ext	John Doe ▾
Message Phone		John Doe ▾
Email Address		John Doe ▾
Fax Number		John Doe ▾

[Next >>]

STEP 12. Enter name of **school** and/or **school district** your child(ren) attended during the 2019-20 school year – then click **Next**.

Additional Comments

Where did you learn about our services?

☐ Radio ☐ Television ☐ Newspaper ☐ Newsletter
☐ Utility Bill Insert ☐ Website ☐ Family or Friends ☐ Other _____

Is there anything else you need us to know?

If you have school age children in the home, please list the school and/or district they attend. If you are enrolled in the Address Confidentiality Program (ACP), you do not need to provide this information.

*WRITE IN **SCHOOL AND/OR DISTRICT** HERE*

800 characters left

[Next >>]

STEP 13. Review the information on your application. When you have answered all the required information, click **Next**.
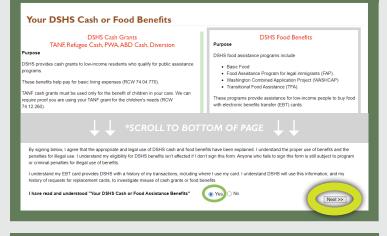
Summary of information you entered

⚠ Provide as much information as possible to help process your application faster. Select edit to add information or make corrections to a section.

▾ Your Needs	[Edit]
▾ Your Address	[Edit]
▾ Household Members	[Edit]
▾ Your Contact Information	[Edit]

[Next >>]

STEP 14. On Rights and Responsibilities page, click Yes click **Next**. Note: "Things You Should Know" are for Basic Food (SNAP) & Cash Assistance – these do not apply to P-EBT.

Rights and Responsibilities for Cash and Food Programs

↓ ↓ *SCROLL TO BOTTOM OF PAGE* ↓ ↓

By signing below, I am stating I have had my rights and responsibilities on receiving DSHS benefits and programs explained to me. I understand if I refuse to sign this document it does not affect my eligibility but I am still held responsible for program requirements and subject to program or criminal penalties that apply.

I have read or had explained to me my rights and responsibilities DSHS 14-113 ◉ Yes ○ No

Social Security Numbers are NOT Required. And there is NO work requirement with P-EBT.

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STEP 15. After DSHS Food Benefits (on the right side), click **Yes** - then click **Next**.

Your DSHS Cash or Food Benefits

DSHS Cash Grants
TANF, Refugee Cash, PWA, ABD Cash, Diversion

Purpose

DSHS provides cash grants to low-income residents who qualify for public assistance programs.

These benefits help pay for basic living expenses (RCW 74.04.770).

TANF cash grants must be used only for the benefit of children in your care. We can require proof you are using your TANF grant for the children's needs (RCW 74.12.260).

DSHS Food Benefits

DSHS food assistance programs include

- Basic Food
- Food Assistance Program for legal immigrants (FAP).
- Washington Combined Application Project (WASHCAP)
- Transitional Food Assistance (TFA).

These programs provide assistance for low-income people to buy food with electronic benefits transfer (EBT) cards.

↓ ↓ *SCROLL TO BOTTOM OF PAGE* ↓ ↓

By signing below, I agree that the appropriate and legal use of DSHS cash and food benefits have been explained. I understand the proper use of benefits and the penalties for illegal use. I understand my eligibility for DSHS benefits isn't affected if I don't sign this form. Anyone who fails to sign this form is still subject to program or criminal penalties for illegal use of benefits.

I understand my EBT card provides DSHS with a history of my transactions, including where I use my card. I understand DSHS will use this information, and my history of requests for replacement cards, to investigate misuse of cash grants or food benefits.

I have read and understood "Your DSHS Cash or Food Assistance Benefits"   ● Yes ○ No

Next >>

STEP 16. Answer the questions on the Electronic Signature Page. Then click **Yes** - send this application to apply for services.

Electronic Signature

You are almost done. Read the following and answer the questions on this page to submit your application.

▼   State/Federal Program Declaration ✔

If applying for cash, all adults in the household (or an authorized representative) must sign.
If applying for food or medical assistance the applicant (or an authorized representative) must sign.
I understand I must

- Give correct information.
- Provide proof I am eligible. DSHS/HCA may help me get the proof or contact other persons or agencies for it.
- Assign certain rights to child support to the State of Washington when I receive Temporary Assistance to Needy Families (TANF). However, I can ask DSHS not to pursue child support if it would endanger me or my children.
- Assign my rights to medical care support and third party payments for medical care to the State of Washington when I receive medical care benefits. However, I can ask DSHS not to pursue medical support or third party payments for medical care if it would endanger me or my children.
- Cooperate with food assistance work requirements.

If I don't do these things, I may be denied benefits or have to pay them back.
I understand I can be criminally prosecuted if I willfully make a false statement or fail to report something I should report.
I understand that submitting this application does not guarantee eligibility or enrollment in any program(s).

You have applied for the following programs:

☑ Pandemic EBT (Emergency School Meals Program)

Do you want to send this application to apply for services?   ● Yes ○ No

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STEP 17. Finally, complete the Certification and Electronic Signature section - then click **Submit Application**.

CERTIFICATION AND ELECTRONIC SIGNATURE

I (we) certify or declare under penalty of perjury under the laws of the State of Washington that the information I gave in this application, including the information concerning citizenship and alien status of the members applying for benefits, is true and correct.

You can consider the typed name(s) here as my (our) electronic signature.

Enter your full name (Applicant or Authorized Representative)

Enter full name of other adult applicant (if any)

Who helped you fill out this form?

Type the letters you see in this picture.   h u m a n

<< Back   Submit Application