



## Delaware P-EBT Request Form

Delaware issues Pandemic Electronic Benefit Transfer (P-EBT) benefits for days when eligible children cannot receive meals at schools because of COVID-19. Some Delaware schools are unable to track COVID-related absences in their attendance systems.

**If your child attends the Caesar Rodney School District and was absent due to a COVID-related reason, you must complete and sign this form to request P-EBT benefits.**

### **Your child must meet the following requirements:**

- 1. Your child attends the Caesar Rodney School District, 2021-2022 school year; AND**
- 2. Your child has a meal benefit application on file and is eligible to receive free or reduced-price meals; AND**
- 3. Your child was absent due to an approved COVID reason.**

Parent/Guardian's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Child's DOB: \_\_\_\_\_

Address: \_\_\_\_\_

Child's School: \_\_\_\_\_

Child's Lunch Account Number: \_\_\_\_\_

### COVID ABSENCE DETAILS

Date(s) your child was absent due to COVID: \_\_\_\_\_

Please check the reason(s) for the COVID absence:

Child was told to quarantine because of exposure to a COVID-positive person

Other COVID related \_\_\_\_\_

Child tested positive for COVID

Child required COVID testing due to illness or exposure to a COVID-positive person

*"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."*

Parent/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## PLEASE RETURN THIS FORM TO YOUR CHILD'S SCHOOL

Forms will be processed in the order they are received / within 10 days of receipt in the Child Nutrition Office. The Department of Health and Social Services, DSS will not be notified of P-EBT benefit disbursement until this form has been processed and the child's eligibility has been determined. P-EBT Questions please call 1-866-843-7212 or visit Delaware's P-EBT website: [www.dhss.delaware.gov/dhss/pebt.html](http://www.dhss.delaware.gov/dhss/pebt.html)

FOR SCHOOL USE ONLY

Please return this form with a decision to the parent/guardian. Please report approved absences to DSS.

- P-EBT benefits are APPROVED.
  - The absent days listed are considered COVID-related and excused. P-EBT benefits are approved for the dates listed on page 1 of this form.
  - Only some of the absent days listed are considered COVID-related and excused. P-EBT benefits are only approved for these dates: \_\_\_\_\_
- P-EBT benefits are DENIED.
  - The absent days listed on this form are not considered COVID-related.
  - The child already received P-EBT benefits for the absent days listed on this form.
  - The child is not eligible for free or reduced-price meals and does not qualify for P-EBT.

Comments: \_\_\_\_\_  
\_\_\_\_\_

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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-to-file-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: (202) 690-7442; or
- (3) email: [program.intake@usda.gov](mailto:program.intake@usda.gov)

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