

# Step-by-Step Instructions to Apply for Pandemic EBT (P-EBT)

## What you need to apply for P-EBT:

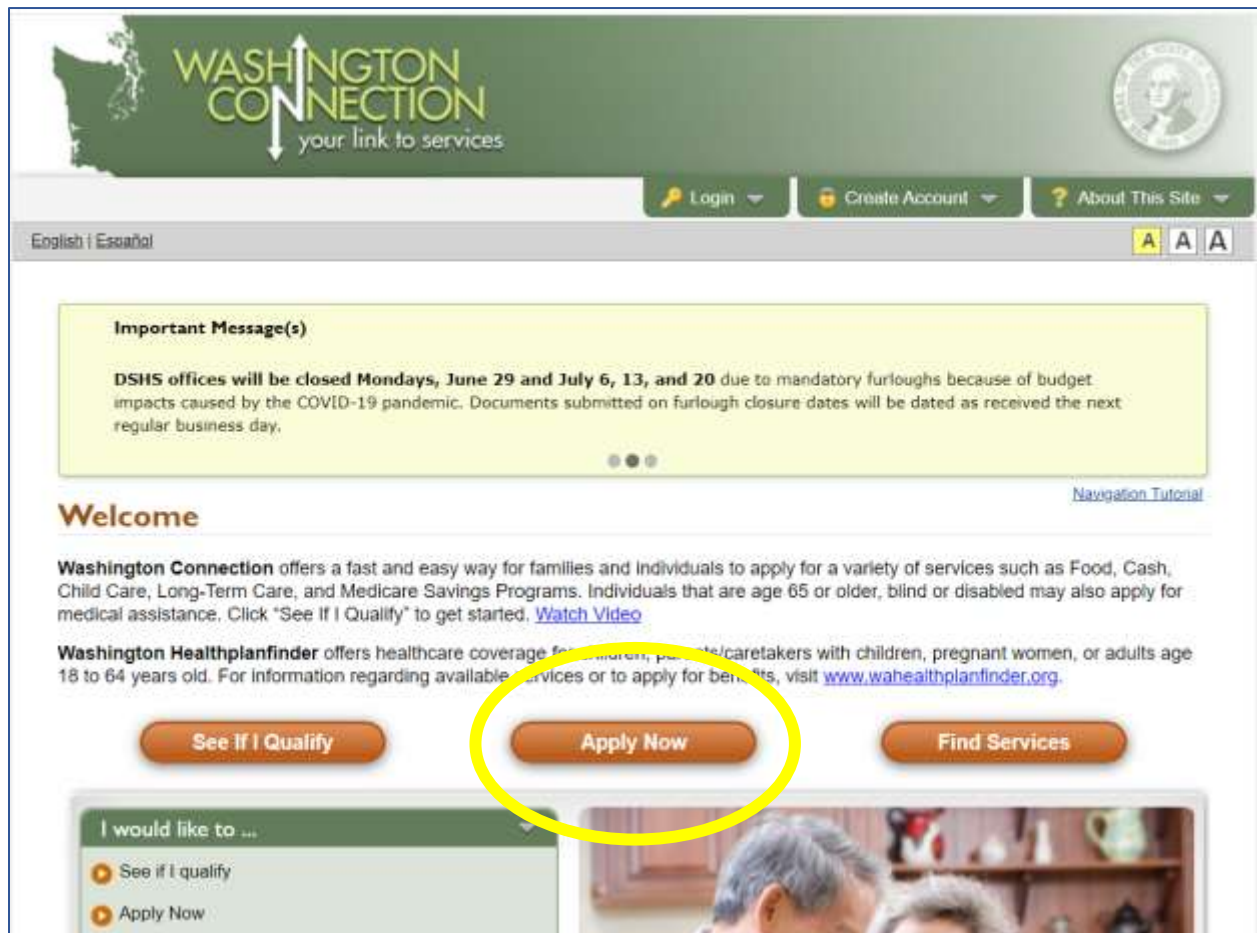
- Your ZIP code
- Your contact information
- Names and birthdates for any students applying for P-EBT
- Mailing Address

## What is **NOT** required to answer:

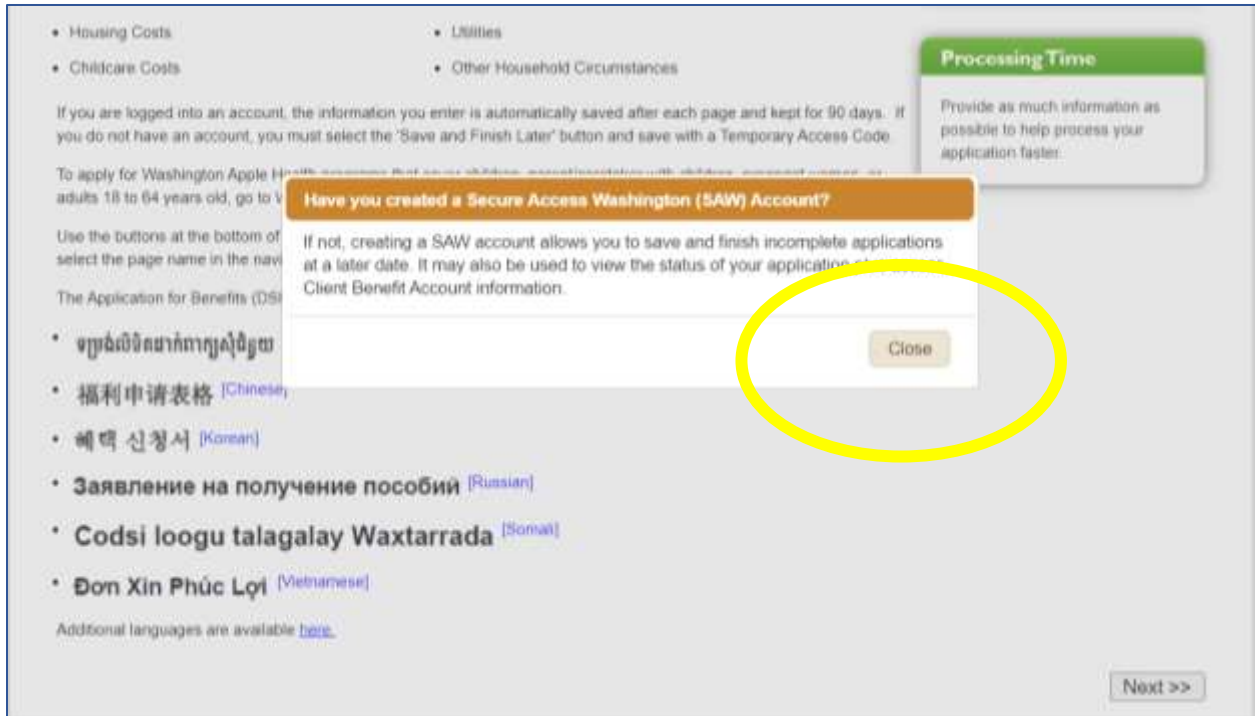
- Social Security Numbers
- Driver's License or ID card information

Go to: [www.WashingtonConnection.org](http://www.WashingtonConnection.org)

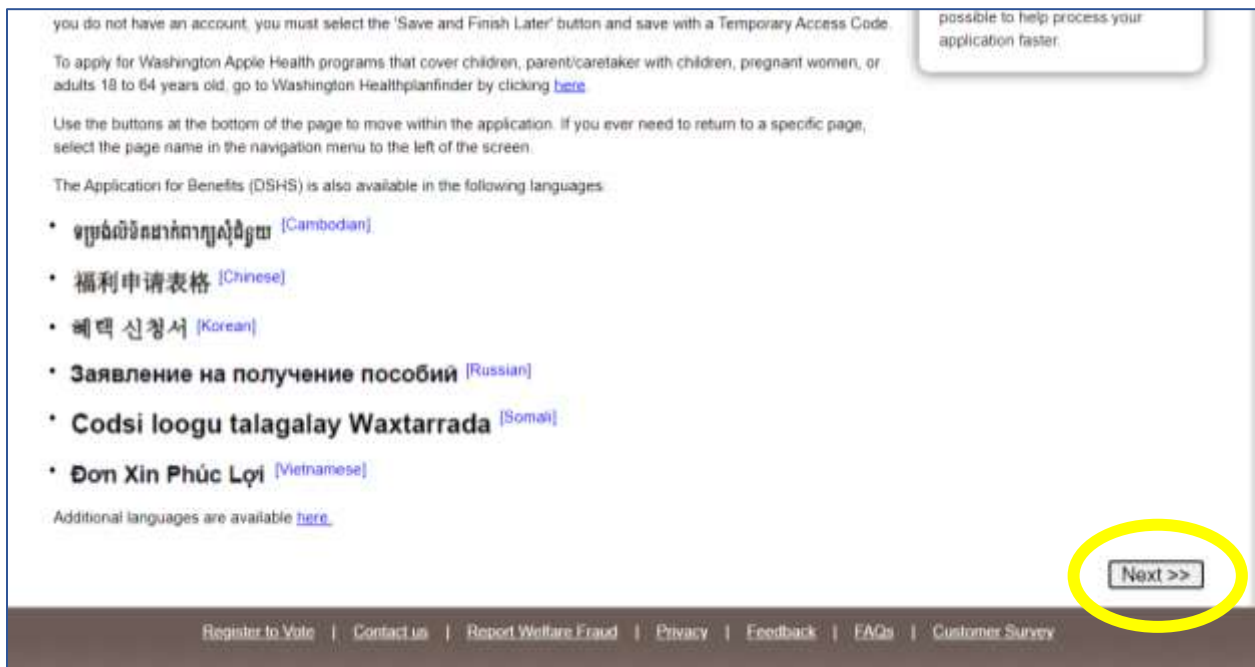
1. Click on: **Apply Now**



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



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



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

- Certain Washington Apple Health long-term services and supports, if you're age 55 or older at the time you received the services;
- Certain state-only funded services, regardless of your age at the time you received the services.

The State may also file a pre-death lien on your real property, at any age, if you become permanently institutionalized (WAC 182-527-2734). The State may recover from a sale of the property, or your estate, unless:

- Your spouse lives at the property.
- Your sibling lives at the property, is a co-owner, and meets certain conditions.
- Your child lives at the property, and is blind/disabled; or
- Your child lives at the property and is younger than age 21.

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 services 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 >>

Register to Vote | Contact us | Report Welfare Fraud | Privacy | Feedback | FAQs | Customer Survey

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

WASHINGTON CONNECTION  
your link to services

Home Login Create Account About This Site

English Español

Tracking Number: 212830679

0% Complete

**Go To**

- ZIP Code

**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.

Next >>

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

**Go To**

- ZIP Code
- Your Needs
- About You

**Your Needs**

Select all the benefits you need.

**Cash Assistance**

- Cash

**Washington Apple Health**

- Health Care Coverage - Everyone applying is 65 or older, blind or disabled
- Medicare Savings Program

**Food Assistance**

- Basic Food
- Pandemic EBT (Emergency School Meals Program)

**Child Care Assistance**

- Child Care Subsidy Programs

**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)

<< Back Next >>

7. Enter required Parent/Guardian Information: Name, if a parent/guardian, click No (*Include this person in benefits?*), and date of birth (mm/dd/yyyy).
- You do **not** need to answer: marital status, gender, OR Social Security Number
  - Social Security Numbers are not required to apply for P-EBT
  - If you are an unaccompanied youth, enter your own name – then click **Yes** on *Include this person in benefits?*
- Then Click **Next**

**Go To**

- ZIP Code
- Your Needs
- About You

**About You**

First Name: John

Middle Initial:

Last Name: Doe

Include this person in benefits?  Yes  No [Information needed for applicants and non-applicants](#)

Date of Birth: 01 / 01 / 1990

Marital Status?: Married Living with Spouse

Gender:  Male  Female

Social Security Number:

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[Save and Finish Later](#)

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

**Go To**

- ZIP Code
- Your Needs
- About You
- Address

**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:

9. Enter information for each household member (child) who is eligible for P-EBT:  
Required information for each child:  
**Name** (as it appears on school enrollment records);  
Click **Yes** for *Include this person in benefits?* [**this is very important!**];  
Choose one option for *Relation*;  
Date of birth (mm/dd/yyyy).  
NOT required: Social Security Number  
Click **Add More** to add each eligible student.

**Go To**

- ZIP Code
- Your Needs
- About You
- Address
- Household Members

**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		Male	01/01/1990	Married Living with Spouse		Self		

**Add More**

<< Back Next >>



**Go To** 

- ZIP Code
- Your Needs
- About You
- Address
- Household Members

**Please enter your family member's information** X

First Name:

Middle Initial:

Last Name:

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

Does this person live outside the home?  Yes  No

Date of Birth:  /  /


Marital Status:


Gender:  Male  Female

SSN:

Relation to you:




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

**Go To** 

- ZIP Code
- Your Needs
- About You
- Address
- Household Members 

**Household Members** [Help with this Page](#)

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		Male	01/01/1990	Married Living with Spouse		Self		
Jane Doe	Yes	No	Female	01/01/2010	Never Married		Child - Natural or Adopted		<input type="button" value="Delete"/>
Jimmy Doe	Yes	No	Male	12/12/2005	Never Married		Child - Stepchild		<input type="button" value="Delete"/>
Joseph Doe	Yes	No	Male	05/05/2015	Never Married		Child - Natural or Adopted		<input type="button" value="Delete"/>

11. Enter Contact Information (NOTE: providing a phone number and/or email is important if there are any problems matching your child’s info on this application with school records). Then Click **Next**

**Go To**

- ZIP Code
- Your Needs
- About You
- Address
- Household Members
- Contacts

### Contact Information

Home Phone: 555-555-5555

Cell Phone: 555-555-1234

Work Phone: [ ]-[ ]-[ ] Ext [ ]

Message Phone: [ ]-[ ]-[ ]

Email Address: [ ]

Fax Number: [ ]-[ ]-[ ]

Belongs to: John Doe

<< Back      Next >>

Save and Finish Later      Submit Partial Application

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

**Go To**

- ZIP Code
- Your Needs
- About You
- Address
- Household Members
- Contacts
- Comments
- Summary

### 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?

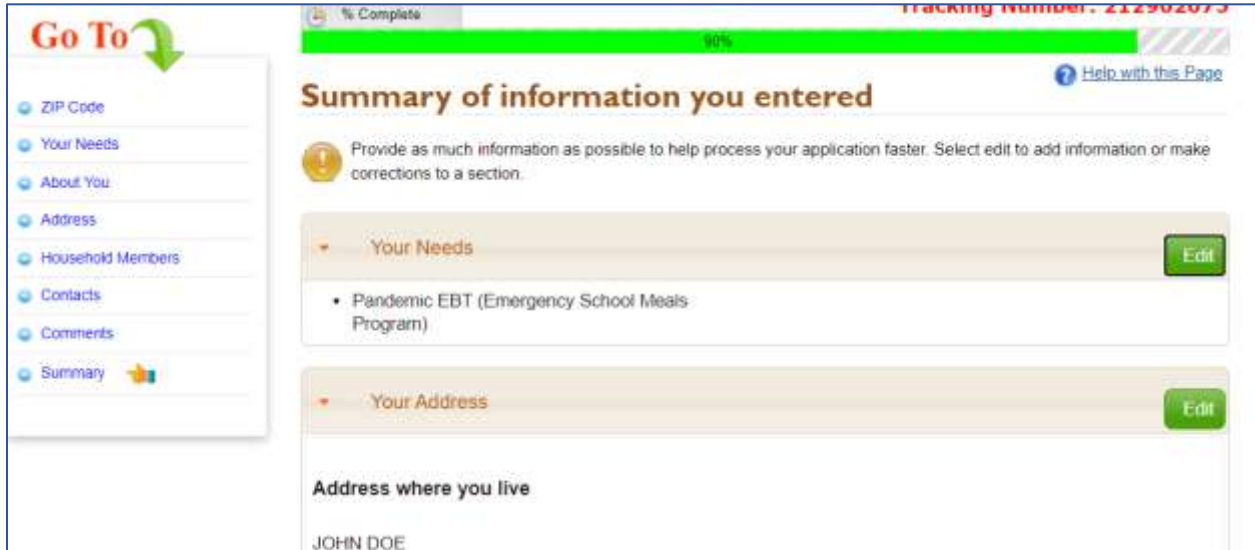
**If you have school age children in the home, please list the school and/or district they attend. If you are enrolled in the Address Confidentiality Program (ACP), you do not need to provide this information.**

Mountain School District

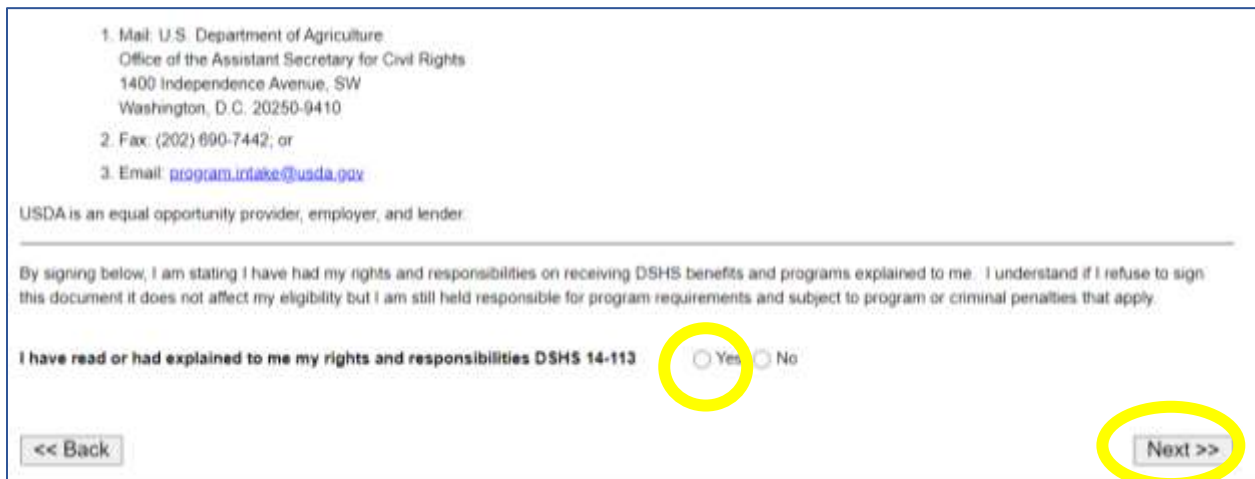
778 characters left

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13. Review the information on your application. When you have answered all the required information, Click **Next**.



14. On Rights and Responsibilities page, click Yes - then Click **Next**  
**Note:** “Things You Should Know” are for Basic Food (SNAP) and Cash Assistance – these **do not apply to P-EBT**.
- Social Security Numbers are **Not Required**
  - There is **no** work requirement with P-EBT



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 74.12.290).

**Appropriate Use**

You may use your cash grant for living expenses such as:

### DSHS Food Benefits

**Purpose**

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.

**Appropriate Use**

You and your household may use your food benefits to buy food from a

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

Go To

- ZIP Code
- Your Needs
- About You
- Address
- Household Members
- Contacts
- Comments
- Summary
- Electronic Signature 👉

100%

## Electronic Signature

Help with this Page

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

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.** 

**Done!!**