

2026 SUMMER EBT APPLICATION FOR SCHOOL-AGED CHILDREN

Children eligible for free or reduced-price meals at school may be eligible for Summer EBT. Summer EBT is a food assistance program administered by the United States Department of Agriculture (USDA) Food & Nutrition Service through the North Dakota Department of Public Instruction and the Supplemental Nutrition Assistance Program (SNAP). The program provides food assistance benefits to households with school-age children who are eligible for free or reduced-priced school meals during the summer when they don't have access to meals at school.

The benefit is \$120 per eligible school-aged child. Benefits are issued via an electronic benefit transmission card (EBT card). Each eligible child will receive an EBT card loaded with Summer EBT benefits. Benefits will not be issued prior to 5/1/2026.

Children who are enrolled and attending a K-12 school that participated in the National School Lunch Program and are eligible for free or reduced-price meals at school will be verified as eligible for Summer EBT and need not apply. If your child is currently receiving federal free or reduced-priced meals at school, you do not need to submit this application.

If your children are not currently eligible but might be, you are encouraged to complete this application. You will be notified within 15 business days of your children's eligibility. Only one application can be submitted for each child. If more than one application is received for a child, benefits will be sent to the household listed as the primary parent/guardian with the child's school. Be sure to read and sign at the bottom of this application.

Households must submit an application for Summer EBT benefits by August 27, 2026, to receive summer 2026 benefits.

Questions can be directed to NDSEBT@nd.gov

Head of Household (Parent/Guardian of Children)		*required fields
First Name*	Middle Initial	Last Name*
Email Address* (If none, list "None")	Date of Birth	Telephone Number* (If none, list "None")
Ethnicity (check one)	Hispanic or Latino	Not Hispanic or Latino
Race (check one or more)	American Indian or Alaskan Native	Asian
	Black or African	Native Hawaiian or Other Pacific Islander
		White
Current Mailing Address (Include PO Box, Apt #, Lot #, etc.) If you do not receive mail at your physical address, only list the mailing address.		
Address Line 1* (If none, list "None")		
Address Line 2		
City*	State*	Zip Code*

If "NO ADDRESS," please list an alternate address where your benefits can be mailed. (Include PO Box, Apt #, Lot #, etc.) If you do not receive mail

Address Line 1 (include C/O if needed)

Address Line 2

City	State	Zip Code
------	-------	----------

Dual Eligibility Benefit Information (You are eligible for SEBT if you qualify for SNAP/TANF/FDPIR or Medicaid)

Do you currently receive SNAP/TANF/FDPIR benefits?		FDPIR Issuance Agency	SNAP/TANF Case #
YES	NO		

Household Composition and Income Information (All household members except the head of household provided above)

[illegible]

Read and Sign this Application

The Richard B. Russell National School Lunch Act requires that we use information from this application to determine who qualifies for Summer EBT benefits. We can only approve complete forms. We may share your eligibility information with education, health, and nutrition programs to help them deliver program benefits to your household. Inspectors and law enforcement may also use your information to make sure that program rules are met. Some children qualify for Summer EBT without an application. Please contact the Summer EBT agency to get Summer EBT for a foster child, and children who are homeless, migrant, or runaway.

The Summer EBT agency will not use or disclose children's eligibility information for non-program purposes. A non-household member may be designated as the authorized representative for application processing purposes if you have difficulty completing the application process. You may only use benefits from the State where your child(ren) completed the instructional year immediately before the beginning of Summer. If your child(ren) completed the instructional year in a State other than North Dakota, do not use the benefits, and contact your NDSEBT@nd.gov as soon as possible to confirm or correct the error.

If you receive more than \$120 per eligible child in your household, do not use the benefits, and contact your NDSEBT@nd.gov as soon as possible to confirm or correct the error.

The person signing the application certifies that all information furnished in the application is true and correct, that the application is being made in connection with the receipt of Federal funds, that the applicant is not already receiving Summer EBT benefits in another State or ITO, that Summer EBT agencies may verify the information on the application, and that deliberate misrepresentation of the information may subject the applicant to prosecution under applicable State and Federal criminal statutes.

Signature

Date

Mail form to: North Dakota Department of Public Instruction, Attn: Summer EBT, 600 East Boulevard Avenue, Dept. 201 Bismarck, ND 58505

OR Email form to: NDSEBT@nd.gov

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at:

<https://www.usda.gov/sites/default/files/documents/ad-3027.pdf>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted 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; or
2. fax: (833) 256-1665 or (202) 690-7442; or
2. email: program.intake@usda.gov

This institution is an equal opportunity provider.