

RECONSIDERATION FOR STUDENT PANDEMIC EBT (P-EBT) BENEFITS

INSTRUCTIONS

Instructions for Families
If you have one or more students you would like to be reconsidered for Pandemic EBT benefits, complete the form below. This form must be completed and submitted to your student's school no later than August 2, 2021 .
Submit this form to: jmertlich@gwacademy.org or in person at George Washington Academy or by mail: George Washington Academy 2277 S. 3000 E. St George, UT 84790
If you have trouble filling out this form, contact: Julie Mertlich 435-673-2232 ext 213 jmertlich@gwacademy.org

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RECONSIDERATION FORM

Section 1 – Qualification

Check “Yes” or “No” for each statement below. **You must select all “Yes” answers in order to qualify for reconsideration.** If you do not understand a statement or are unsure of the answer, select Yes and George Washington Academy will verify the information. If you have students enrolled in a school besides George Washington Academy, you will need to apply with that school also. **This application is for GWA students only.**

	Yes	No
My household was notified by the school foodservice department that we are eligible to receive free or reduced-price school meals as a result of direct certification or an income application approval.		
My student(s) is enrolled at George Washington Academy, which is a school that qualifies for P-EBT.		
My student(s) is/was enrolled in online learning at George Washington Academy anytime during September 2020 - May 2021.		
My student(s) did not receive the expected partial or full P-EBT benefit. I am asking for a review to reconsider the P-EBT benefit or the amount my student(s) are eligible for.		

Section 2 – Student Information

Complete this section for each student you would like to be reconsidered for P-EBT benefits. If you have more than four students for whom you would like benefits to be reconsidered, please fill out a second form and attach it to this one.

Student 1 Name (First Name, Last Name)	Student Date of Birth (mm/dd/yyyy)
Student 2 Name (First Name, Last Name)	Student Date of Birth (mm/dd/yyyy)
Student 3 Name (First Name, Last Name)	Student Date of Birth (mm/dd/yyyy)
Student 4 Name (First Name, Last Name)	Student Date of Birth (mm/dd/yyyy)

Section 3 – Read Before Signing

- Completing this form is voluntary to be reconsidered for P-EBT benefits.

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- I swear that all the information above is true. Making a false statement is considered fraud and/or perjury.
- I understand benefits will be mailed to the address on file with the school.
- The decision on this reconsideration is final. No hearing or appeal is allowed.

Printed Name of Parent or Guardian	Phone Number
Mailing Address	
Signature of Parent or Guardian	Date

LEA/School Use Only

Date Received:		
Students eligible for free or reduced-price school meals:	YES	NO
Student(s) enrolled in online learning at George Washington Academy anytime during September 2020 - May 2021:	YES	NO
Submit form to Julie Mertlich		