Letter #1: Summer EBT Template Letter for Families

For households with children who are automatically eligible and do not need to apply for [insert Summer EBT/SUN Bucks]

Dear [Parent or Guardian Name]:

[Child(ren) Name(s) in your household] [is/are] eligible for a new program called [insert Summer EBT/SUN Bucks], which helps families buy food during the summer when school is out. [Child(ren) Name(s)] will automatically be enrolled in the program, so you do not need to apply.

You will receive [customize: \$120 for each eligible child on a card, will receive three installments of \$40, etc.] that you can use to buy food during the summer at grocery stores, farmers markets, and other authorized retailers. If you receive more than \$120 per eligible child in your household, do not use the benefits, and contact your [insert lead SEBT agency contact **information**] as soon as possible to confirm or correct the error.

[insert Summer EBT/SUN Bucks] will be [customize: mailed to you, loaded on your existing card around [date]. [insert Summer EBT/SUN Bucks] benefits will be available for use by [date of issuance], and must be used by [date], after which the benefits will no longer be available. Receiving [insert Summer EBT/SUN Bucks] will not affect children or families' immigration status.



If your address has changed this year [customize: be sure to update it with your school district or benefit issuing agency] to ensure your benefit card is sent to the right address. If you do not wish to participate in [insert Summer EBT/SUN Bucks], [customize: provide instructions about how to opt out].

In addition to [insert Summer EBT/SUN Bucks] the children under 18 years of age in your household can also receive free meals during the summer at a summer meal site. You can call 1-866-3-HUNGRY or 1-877-8-HAMBRE (or text 914-342-7744 with the keyword "summer meals") to find the location closest to you.

If you have questions, you can contact [insert contact information].

Sincerely,

[Name]

[Title]

[Agency]

[Non-Discrimination Statement: This explains what to do if you believe you have been treated unfairly.

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To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: http://www.ascr.usda.gov/ complaint_filing_cust.html, 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.

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