STEP-BY-STEP INSTRUCTIONS TO APPLY FOR PANDEMIC EBT (P-EBT)

WASHINGTON CONNECTION

WHAT YOU NEED TO APPLY FOR P-EBT:
- Your ZIP code
- Your contact information
- Names & birthdates for any students applying for P-EBT
- Mailing Address
- Social Security Numbers
- Driver’s License or ID card information

WHAT IS NOT REQUIRED TO ANSWER:
- Your ZIP code
- Your contact information
- Names & birthdates for any students applying for P-EBT
- Mailing Address

Go to: www.WashingtonConnection.org

STEP 1. Click on Apply Now.
- Click Apply Now below to start the online application. When you are on the Your Needs page, select Pandemic EBT (Emergency School Meals Program). A separate application will be needed to apply for additional programs. GSCHS will confirm your child’s free or reduced-price meals status with this school. No interview is required. Application will be processed within 30 working days.
- If the application is approved and you have an EBT card that you’ve used in the last 60 days, benefits will be added to your card. Otherwise, a new EBT card will be mailed to you. If you’re not approved, you will receive a letter from DSS.
- If you are unable to complete the application online, call the Customer Service Contact Center at 877-503-2233, Monday through Friday.
- Applications will be accepted until 5 p.m. August 31, 2020.

Welcome

Washington Connection offers a fast and easy way for families and individuals to apply for a variety of services such as child care, long-term care, and Medicare Savings Programs. Individuals that are age 65 or older, blind or disabled in medical assistance. Click “See if I Quality” to get started. Watch Video.

Washington Healthplanfinder offers healthcare coverage for children, parents/caregivers with children, pregnant women, and 64 years old. For information regarding available services, apply for benefits, visit www.wahealthplanfinder.org.

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

Have you created a Secure Access Washington (SAW) Account?

If not, creating a SAW account allows you to save and finish incomplete applications at a later date. It may also be used to view the status of your application plus access Client Benefit Account information.

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

STEP 4. Scroll to bottom of page & click Next (bottom right).

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

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.

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

Your Needs

Select all the benefits you need.

Cash Assistance

Food Assistance

Washington Apple Health

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

Medicare Savings Program

Child Care Assistance

Child Care Subsidy Programs

Long Term Services and Supports

In-Home Long Term Care Services

Aid for Assisted Living Facility / Adult Family Home

Nursing Home

Hospice

Healthcare / Workers with Disabilities (HWD)

Tailedor Supports for Older Adults (TOSA)

STEP 7. Enter required Parent/Guardian Info – Name | click No (if a parent/guardian for “Include this person in benefits?”) & Date of Birth

About You

First Name: 
Middle Initial: 
Last Name: 
Include this person in benefits? Yes: No: 
Information needed for applicants and non-applicants

Date of Birth: 
Marital Status: 
Gender: Male: Female: 
Social Security Number: 
*NOT required

Then click Next

If you are an unaccompanied youth, enter your own name – then click Yes on “Include this person in benefits?”
**STEP 8.** Enter your address where your P-EBT card should be mailed - then click *Next*.

**STEP 9.** Enter information for each household member (child) who is eligible for P-EBT. Click *Add More* to add each eligible student.

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

**STEP 11.** Enter Contact Info – then click *Next*.

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

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

**STEP 14.** On Rights and Responsibilities page, click Yes click *Next*.

*Note: “Things You Should Know” are for Basic Food (SNAP) & Cash Assistance – these do not apply to P-EBT.*

*Social Security Numbers are NOT Required. And there is NO work requirement with P-EBT.*
STEP 15. After DSHS Food Benefits (on the right side), click Yes - then click Next.

*SCROLL TO BOTTOM OF PAGE

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

Electronic Signature

You are almost done. Read the following and answer the questions on the 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 if I am eligible. DSHS/Elig RICA 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 ☐

STEP 17. Finally, complete the Certification and Electronic Signature section - then click Submit Application.