

**MDHHS-5925, RECONSIDERATION FOR STUDENT PANDEMIC (P-EBT) EBT BENEFITS  
SCHOOL YEAR 2021-2022**

Michigan Department of Health and Human Services  
(Revised 2-22)

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This form is for one student only. If you have more than one student, you will need to fill out another form like this one for each student. If you have questions when filling out this form, visit <https://www.michigan.gov/PEBT>.

**My student has missed meals provided during the school day due to a COVID-19-related reason. I am asking for a review to reconsider my student's eligibility or benefit amount.**

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**SECTION 1**

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Before filling in your student's information below, make sure the following statements are true.

1. My student is enrolled at a school building that qualifies for P-EBT. You can check this by:
  - a. Visiting <http://www.michigan.gov/PEBT>.
  - b. Clicking [here](#) (Pandemic-EBT) to see a list of schools that are eligible.
  - c. Calling your student's school.

2. My student's school is eligible.

Enter date your school became eligible \_\_\_\_\_

3. My student was signed up to receive free or reduced lunches at their school.

Enter date your student was approved for free or reduced lunch \_\_\_\_\_

**If these statements do not apply to your student, they are not eligible.**

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Student Name

Student's Date of Birth (mm/dd/yyyy)

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Mailing Address or Email Address

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School district and building name – this is the name of the school district and the building where your student attends class or would be attending if they were going in-person.

Example:

Lansing Public School District (School District)

Lyons Elementary (School Building)

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School District

School Building

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**SECTION 2**

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Fill in all the months you are requesting a reconsideration. Future months will not be considered.

Next to each month you are requesting, enter the date of the first full day the student had remote learning or was out of school due to COVID-19. Then enter the total number days the student was remote or out of school due to COVID-19. Do not count weekends, holidays, or scheduled breaks. Repeat this for any month being requested. Future months will not be considered.

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Month	Date of the first full day your student had remote learning or was out of school due to COVID-19	Number of days this month your student was remote or out of school due to COVID-19

**SECTION 3 – SCHOOL PROOF**

For every reconsideration, you must get proof from your student’s school that the information you are giving us is correct.

You can provide proof in two ways:

1. The school may fill out the For School Use Only section below
2. The school can provide a separate proof document with the necessary information listed below.

This proof must be provided by a school employee that had knowledge of how and when your student attended school. This can include a teacher, secretary, counselor, or other school official.

**(For School Use Only)**

I am certifying that I am an employee of the school in which the student above attended. I attest that the information above, including Free or Reduced Lunch (FRL) status of student, FRL approval date for student, and the dates and number of days absent or learning remotely due to COVID-19 are correct.

School Employee Signature

School Employee Printed Name

School Employee Title

School Employee Phone Number or Email Address

If the For School Use Only section above is not completed by a school employee, the separate proof document must include:

- Student’s name
- All information listed in the For School Use Only section including employee name, title, email address or phone number, and signature
- A statement confirming dates and number of days the student was absent due to COVID-19 or learning remotely
- This Proof document must be dated

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**SECTION 4 – SIGNATURE**

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**Read carefully before signing.**

By checking the box below, signing this document, and having a school employee fill out **For School Use Only** section or attaching another proof document, I am demonstrating that my student meets the requirements to get Pandemic EBT Benefits.

- I have included proof from my student’s school confirming my student’s COVID-19-related absences.  
**If you request benefits without a school employee’s signature in the For School Use Only section or don’t attach a proof document, it will be denied.**

I swear that all the information above is true. Making a false statement is considered fraud and/or perjury.

**I also understand that:**

- If my child is active in any Food Assistance Program or Medicaid case, P-EBT benefits will be mailed to the address on file with the Michigan Department of Health and Human Services (MDHHS). All others will be mailed to the address provided by the school.
- If any person uses any plastic EBT card or assistance benefits that he or she is not allowed to, they are violating federal and state laws and they can receive a heavy penalty.
- All P-EBT Reconsideration forms must be received by the department by 06/30/2022 to be considered.
- This form must be completed, signed, and mailed to:  
MDHHS/SPO  
PO Box 30800, SUITE 1405  
Lansing MI 48909

Or you can email the completed form to [MDHHS-PEBT@michigan.gov](mailto:MDHHS-PEBT@michigan.gov).

**The decision on this reconsideration is final. No hearing or appeal is allowed.**

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Printed Name

Phone Number

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Signature

Date

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If you have trouble filling out this form, visit <https://www.michigan.gov/PEBT> for instructions or call **833-905-0028**

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The Michigan Department of Health and Human Services will not exclude from participation in, deny benefits of, or discriminate against any individual or group because of race, sex, religion, age, national origin, color, height, weight, marital status, partisan considerations, or a disability or genetic information that is unrelated to the person’s eligibility.

**AUTHORITY:** Federal 7 CFR

**COMPLETION:** Voluntary

**PENALTY:** Possible inability to issue P-EBT benefits