

SUN Bucks Application

You are about to complete an application for SUN Bucks, also known as the Summer Electronic Benefits program, or Summer EBT. SUN Bucks provides grocery buying benefits to low-income households with school-aged children when schools are closed for the summer. For 2024, the SUN Bucks benefit amount will be \$40 per month per child to cover the period of June, July, and August and will be issued beginning in mid-August with all issuances completed by October as a single \$120 benefit.

Before completing the application, please be aware that many children, but not all, will automatically qualify for SUN Bucks and do not require a paper application. If a child automatically qualifies, a notice that the child was approved will be mailed, and any SUN Bucks paper application submitted will result in a separate notice that the application was denied because the child is already eligible for SUN Bucks.

Does the child attend a National School Lunch Program (NSLP) participating school?

- If no, do not complete this application. This child cannot qualify for SUN Bucks by applying, however they automatically qualify if they are between age 6 and 18 (birthdate is between July 1, 2004, and August 31, 2018) and they received Medical Assistance (MA – also known as Medicaid) with household income below 185 percent of the Federal Poverty Level (FPL), Temporary Assistance for Needy Families (TANF), or Supplemental Nutrition Assistance Program (SNAP) benefits at any time between July 1, 2023, and August 31, 2024.
- If yes, between July 1, 2023, and August 31, 2024, was the child:
 - A recipient of TANF or SNAP?
 - A recipient of MA with household income below 185 percent of the FPL? This does NOT include children who get MA through the Children with Special Needs category or children who are in the Children's Health Insurance Program (CHIP).
 - A recipient of free or reduced-priced school meals after submitting an application with income that qualifies?
 - A foster child, homeless, a runaway, a migrant, or in Head Start?
 - If yes, do not complete this application. The child is automatically eligible for SUN Bucks. If the child is receiving TANF or SNAP benefits, or MA with qualifying income for the NSLP, we will issue the benefit directly to their regular EBT card or send a SUN Bucks card to the address we have on file for the child's MA with qualifying income. If the child qualifies because they have already been determined income eligible for NSLP by their school or because they are a foster child, a migrant, a runaway, or homeless, we will send the SUN Bucks card to the address that the school provides to us for the child.
 - If no, you should complete this application. Please be aware, only applications received by August 31, 2024, will be considered for SUN Bucks for Summer 2024. Any applications that are received on or after September 1, 2024, will be held and considered for eligibility for SUN Bucks for Summer 2025.

Do I Need to Apply? - Visual Guide

First, which type of school does your child attend?	Then, which scenario applies to your child?	Does your child automatically qualify?	Should you apply for your child?
<p style="text-align: center;">1</p> <p>Your child attends a NSLP school</p>	<p>Scenario A: Child also meets one of the following criteria:</p> <ol style="list-style-type: none"> 1. Receives NSLP free or reduced-priced meals based on a submitted NSLP application. 2. Receives SNAP. 3. Receives TANF. 4. Receives MA with household income below 185 percent of the FPL. 5. Is in Foster Care, is homeless, a runaway, a migrant, or in Head Start. 		
	<p>Scenario B: Child does not meet one of the criteria listed in Scenario A.</p>		
<p style="text-align: center;">2</p> <p>Your child does not attend an NSLP school.</p>	<p>Scenario C: Child is age 6 through 18 and receives SNAP or TANF; or receives MA with household income below 185 percent of the FPL.</p>		
	<p>Scenario D: Child does not participate in SNAP, TANF, or MA; or participates in MA but with household income greater than 185 percent of the FPL.</p>		
<p style="text-align: center;">3</p> <p>Your child attends a Community Eligibility Provision school.</p>	<p>Scenario E: Child also meets at least one of the criteria listed in Scenario A.</p>		
	<p>Scenario F: Child does not meet any of the criteria listed in Scenario A.</p>		

If you need this application in another language or someone to interpret, please contact your local county assistance office. Language assistance will be provided free of charge.

Si necesita esta solicitud en otro idioma o un intérprete, comuníquese con la oficina de asistencia de su condado. La asistencia lingüística se proporcionará de forma gratuita.

Nếu bạn cần đơn này bằng ngôn ngữ khác hay cần thông dịch viên thì vui lòng liên hệ với văn phòng hỗ trợ quận tại địa phương mình. Hỗ trợ ngôn ngữ sẽ được cung cấp miễn phí.

如需其他语言版本或口头翻译，请联系当地的县援助办公室。免费获取语言协助。

Если вы хотите переключить язык приложения или вам требуются услуги перевода, обратитесь в окружное отделение социальной помощи по месту жительства. Языковые услуги предоставляются бесплатно.

ប្រសិនបើអ្នកត្រូវការដាក់ពាក្យសុំជាភាសាផ្សេង ឬត្រូវការអ្នកបកប្រែ សូមទាក់ទងការិយាល័យជំនួយខោនធីរបស់អ្នក ។ អ្នកនឹងទទួលបានជំនួយបកប្រែភាសាដោយឥតគិតថ្លៃ ។

إذا كنت تريد تصفح هذا التطبيق بلغة أخرى أو كنت تريد مترجماً فوراً، فالرجاء الاتصال بمكتب المساعدة المحلي التابع للمقاطعة الخاصة بك، وسيتم توفير المساعدة اللغوية مجاناً.

If you have a disability and need this application in large print or another format, please call our helpline at **1-800-692-7462**.

Individuals who are deaf, hard of hearing, or have speech disabilities and wish to communicate with the helpline may call PA Relay Services by dialing **711**.

Please note that immigration status does not affect eligibility for SUN Bucks and receiving SUN Bucks will not affect any immigration application.

If you would like to apply for NSLP meals for your child(ren), please visit www.dhs.pa.gov/COMPASS or contact the child(ren)'s school. If you would like to apply for SNAP benefits, please visit www.dhs.pa.gov/COMPASS or contact your local County Assistance Office.

- For more information about SUN Bucks, please visit www.dhs.pa.gov/SUNBucks.
- For more information about the NSLP, please visit: <https://www.education.pa.gov/Teachers%20-%20Administrators/Food-Nutrition/programs/Pages/National-School-Lunch-Program.aspx>
- For more information about SNAP, please visit www.dhs.pa.gov/SNAP.
- For more information about additional FNS Summer Nutrition Programs, please visit www.fns.usda.gov/summer.

You may designate a non-household member as an authorized representative for help completing this application if you have difficulty completing the application process. If you wish to designate an authorized representative, please complete the following:

Name of Authorized Representative	Address of Authorized Representative	Phone Number

Pennsylvania Application for SUN Bucks (also known as Summer EBT)

Complete one application per household. Please use a pen (not a pencil).

STEP 1 List the children for whom you are applying. Attach another sheet of paper if you need space for more names.

First Name	MI	Last Name	Date of Birth	Social Security Number (OPTIONAL)	School Name	School District (if applicable)	Is the child in foster care, homeless, a runaway, or a migrant? Please specify which applies.

STEP 2 Do any household members (including you) participate in SNAP or TANF?

NO → Go to STEP 3.

YES → Write county and case number here and proceed to STEP 4.

County and Case Number:

 (Write only one case number.)

STEP 3 List ALL household members and income for each member (before taxes and deductions).

List all household members (including yourself) even if they do not receive income or are not related to you. For each Household Member listed, if they receive income, report total gross income (before taxes and deductions) for each source in whole dollars (no cents) only. If they do not receive income from any source, write '0'. If you enter '0' or leave any fields blank, you are certifying (promising) that there is no income to report. A household member is anyone who is living with you and shares income and expenses, even if they are not related.

Name of Household Member (First and Last)	Monthly Income	Income Source (See application instructions for list of Income Sources)
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	

YOUR APPLICATION IS NOT COMPLETE UNTIL YOU COMPLETE STEP 4 ON THE NEXT PAGE.

STEP 4 Signature and Contact Information

“I certify (promise) that all information on this application is true, that all income is reported, and that the children for which I am applying have not received SUN Bucks from any other state or Indian Tribal Organization. I understand that this information is given in connection with the receipt of SUN Bucks benefits, and that the CAO may verify (confirm) the information if they have cause. I understand my rights and responsibilities listed on the next page and I am aware that if I purposely give false information I may be prosecuted under applicable State and Federal laws.”

Print Name of Adult Signing the Form

Signature of Adult

Today's Date

Please tell us what name should be printed on your household's SUN Bucks card. The person whose name is on the card does not need to be present to use the card. You must also provide the address where you want the SUN Bucks card to be mailed, if your child is determined eligible through this application

Name On Card	Address	City	State	Zip Code	Phone Number (Optional)	Email (Optional)

OPTIONAL

Children's ethnic and racial identities. This information is kept confidential and may be protected by the Privacy Act of 1974.

We are required to ask for information about your children's race and ethnicity. This information is important and helps to make sure we are fully serving our community. Responding to this section is optional and does not affect your children's eligibility for SUN Bucks (Summer EBT).

Ethnicity (check one):

- Hispanic or Latino/Latina/Latine (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish Culture or origin, regardless of race)
- Not Hispanic or Latino/Latina/Latine

Race (check one or more): American Indian or Alaska Native Asian Black or African American Native Hawaiian or Other Pacific Islander White Other: _____

Once you have completed this application, you can return it to your local County Assistance Office by mail, in person, or by fax. You can find the contact information for your local County Assistance Office at www.pa.gov/en/agencies/dhs/contact/cao-information.html.

Use of Information Statement:

The Richard B. Russell National School Lunch Act requires that we use information from this application to determine who qualifies for SUN Bucks (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 SUN Bucks (Summer EBT) without an application. Please contact your CAO to get SUN Bucks (Summer EBT) for a foster child, and children who are home- less, migrant, or runaway.

We will give you a written notice explaining your benefits. If we deny your application, we will give you a written explanation of why. You have until November 29, 2024, to ask for an appeal hearing on a denial.

You have the right to ask for a Department of Human Services (DHS) hearing to appeal a decision if you believe it is unfair or incorrect, or if DHS fails to act on your application for benefits. You may file the appeal at the CAO. If you appeal, you may also request an agency conference before the hearing. At the hearing you may represent yourself, or someone else, such as a lawyer, friend or relative may represent you.

The contact information below is solely to file a complaint of discrimination

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/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.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:

* MAIL	U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights 1400 Independence Ave, SW Washington, D.C. 202250-9410	Fax: Email:	(833) 256-1665 or (202) 690-7442; or Program.Intake@usda.gov	*Do not mail applications to this address, only complaints of discrimination.
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This institution is an equal opportunity provider.