



District of Columbia SUN Bucks Household Application

Questions about DC SUN Bucks eligibility and if you need to apply?

Call: (202) 888-4834, TTY/TTD: 711

Visit: sunbucks.dc.gov



Who is eligible?

Students who:

- Attend a District of Columbia Public School (DCPS), a DC public charter school, or a DC private school that participates in the National School Lunch Program (NSLP); **and**
- Live in a household with an annual income less than or equal to 185% of the federal poverty level.

Most eligible students do not need to apply!

If your student participates in SNAP, TANF, most types of Medicaid, or is a foster child, homeless, migrant, runaway, or was approved for Free and Reduced-Price Meals (FARMS) at school this year, you will automatically receive benefits for your student(s).

Check your mail or email for a DC SUN Bucks preapproval notice, use the DC SUN Bucks eligibility checker at sunbucks.dc.gov, or call the DC SUN Bucks Call Center to see if you need to apply.

How it works.

Complete and mail this application.

If your student(s) are not preapproved, please complete this application—one application per household for all Pre-k3 through 12th graders and adult learners. You can name an Authorized Representative to help you complete this application. An Authorized Representative does not have to be a household member. It should be someone you trust and give permission to sign your application. Mail your application to: DC SUN Bucks Program, P.O. Box 90060, Washington, DC 20002.

We'll make sure you're eligible.

Once your application and any required documents have been reviewed, we will send you an email or paper notification telling you whether your student(s) have been approved or denied. You may be asked to submit income information or other documents to verify your student(s) eligibility. Immigration status is not considered in your eligibility for DC SUN Bucks.

Get your benefits.

- **Students receiving SNAP or TANF** - \$120 in SUN Bucks benefits will be co-loaded to your household's existing EBT card. You can check your household's EBT card balance through the ebtEDGE mobile app, online at www.ebtedge.com, or by calling FIS at 888-304-9167 to confirm benefit receipt.
- **Students receiving Medicaid, in foster care, homeless, migrant, runaway, receiving FARMS, or approved through applying** - A new SUN Bucks EBT card with \$120 will be mailed to the address on file from the District's EBT card vendor, Fidelity Information Services (FIS).

These food benefits can be spent at any grocery store that accepts EBT payments, including some farmers' markets and convenience stores.

STEP 1 Tell us about yourself.

First Name:		Last Name:		Date of Birth: <i>Optional (mm/dd/yyyy)</i>	
Email address: <i>Optional</i>			Phone: <i>Optional</i>		
Street Address:		Apt/Unit:	City:	State:	ZIP:
<input type="checkbox"/> I do not have a mailing address		<input type="checkbox"/> I want to opt out of text messages and pre-recorded calls about my DC SUN Bucks case			
Preferred Language: <input type="checkbox"/> Amharic <input type="checkbox"/> English <input type="checkbox"/> French <input type="checkbox"/> Korean <input type="checkbox"/> Mandarin <input type="checkbox"/> Spanish <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other:					

STEP 2 Tell us about each of the students in your household who are applying for SUN Bucks.

1	First Name:	Middle Name:	Last Name:	Date of Birth: <i>Optional (mm/dd/yyyy)</i>	
	Unique Student ID: <i>Optional</i>		Grade:	School:	
	Which of the following are true for this student? <input type="checkbox"/> Homeless/runaway/migrant <input type="checkbox"/> In foster care <input type="checkbox"/> None				
	Ethnicity: <i>Optional</i> <input type="checkbox"/> Hispanic or Latino (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish Culture or origin, regardless of race) <input type="checkbox"/> Not Hispanic or Latino				
Race: <i>Optional. Select all that apply.</i> <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White					

2	First Name:	Middle Name:	Last Name:	Date of Birth: <i>Optional (mm/dd/yyyy)</i>	
	Unique Student ID: <i>Optional</i>		Grade:	School:	
	Which of the following are true for this student? <input type="checkbox"/> Homeless/runaway/migrant <input type="checkbox"/> In foster care <input type="checkbox"/> None				
	Ethnicity: <i>Optional</i> <input type="checkbox"/> Hispanic or Latino (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish Culture or origin, regardless of race) <input type="checkbox"/> Not Hispanic or Latino				
Race: <i>Optional. Select all that apply.</i> <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White					

3	First Name:	Middle Name:	Last Name:	Date of Birth: <i>Optional (mm/dd/yyyy)</i>	
	Unique Student ID: <i>Optional</i>		Grade:	School:	
	Which of the following are true for this student? <input type="checkbox"/> Homeless/migrant/runaway <input type="checkbox"/> In foster care <input type="checkbox"/> None				
	Ethnicity: <i>Optional</i> <input type="checkbox"/> Hispanic or Latino (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish Culture or origin, regardless of race) <input type="checkbox"/> Not Hispanic or Latino				
Race: <i>Optional. Select all that apply.</i> <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White					

4	First Name:	Middle Name:	Last Name:	Date of Birth: <i>Optional (mm/dd/yyyy)</i>
	Unique Student ID: <i>Optional</i>		Grade:	School:
	Which of the following are true for this student? <input type="checkbox"/> Homeless/runaway/migrant <input type="checkbox"/> In foster care <input type="checkbox"/> None			
	Ethnicity: <i>Optional</i> <input type="checkbox"/> Hispanic or Latino (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish Culture or origin, regardless of race) <input type="checkbox"/> Not Hispanic or Latino			
Race: <i>Optional. Select all that apply.</i> <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White				

5	First Name:	Middle Name:	Last Name:	Date of Birth: <i>Optional (mm/dd/yyyy)</i>
	Unique Student ID: <i>Optional</i>		Grade:	School:
	Which of the following are true for this student? <input type="checkbox"/> Homeless/runaway/migrant <input type="checkbox"/> In foster care <input type="checkbox"/> None			
	Ethnicity: <i>Optional</i> <input type="checkbox"/> Hispanic or Latino (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish Culture or origin, regardless of race) <input type="checkbox"/> Not Hispanic or Latino			
Race: <i>Optional. Select all that apply.</i> <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White				

**Add another piece of paper if you need to list more household members*

STEP 3 Tell us about your household.

Is anyone in your household enrolled in SNAP, TANF, or Medicaid with household income at or below 185% of the Federal Poverty Level (FPL)?

No Yes, our household SNAP, TANF, or Medicaid case number is: _____ *(Write case number here and skip to STEP 5.)*

List yourself plus anyone who is living with you and shares income and expenses, even if not related.

	First Name	Last Name
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		

STEP 4**List all the income your household receives.**

Please list each income source, who receives it (including children), how frequently, and how much. We'll use this to calculate your household's total annual income so you don't have to do the math.

What counts as income?

Public Assistance, Alimony, and Child Support

- Unemployment benefits
- Workers' compensation
- Supplemental Security Income (SSI)

Cash assistance from State or Local Government

- Alimony payments
- Child support payments
- Veterans benefits
- Strike benefits

Pensions, Retirement, and Other

- Social Security/Disability (including railroad retirement and black lung benefits)
- Private pensions or disability benefits
- Income from trusts or estates
- Annuities
- Investment income
- Earned interest
- Rental income
- Regular cash payments from outside household

	What is the income source? <i>Earnings from work, public assistance, alimony, child support, pension, retirement, or other</i>	Who receives this income? <i>Household member name</i>	How much is received? <i>Before taxes or anything else is taken out</i>	How often is this income received? <i>Weekly, every two weeks, two times a month, monthly, or annually</i>
1.			\$	
2.			\$	
3.			\$	
4.			\$	
5.			\$	
6.			\$	
7.			\$	
8.			\$	
9.			\$	
10.			\$	
11.			\$	
12.			\$	

STEP 5**Please sign.****I promise that the following information is true and accurate.**

I certify (promise) that all information on this application is true and that all income is reported. I understand that this information is given in connection with the receipt of federal funds, and that program staff or agencies may verify (confirm) the information. I am aware that if I purposely give false information, my child(ren) may lose benefits, and I may be prosecuted under applicable state and federal laws. I certify that I have not already received SUN Bucks, also known as Summer EBT, benefits for myself or my student from any other State-run or Indian Tribal Organization-run program for this program year. I understand that a non-household member may be designated as the authorized representative for application processing purposes if I have difficulty completing the application process.

I understand how my information will be used

The Richard B. Russell National School Lunch Act requires that we use information from this application to see who qualifies for SUN Bucks, also known as Summer EBT. 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 without an application. Please contact your state or Indian Tribal Organization to get SUN Bucks for a foster child, and children who are homeless, migrant, or runaway.

The Richard B. Russell National School Lunch Act requires that the DC Department of Human Services (DHS) use information from this application to determine who qualifies for SUN Bucks benefits. By applying, I give DHS permission to verify my eligibility for benefits, including to get my personally identifiable information (PII) and protected health information (PHI) from the following District of Columbia government agencies: the DC Department of Health Care Finance (DHCF); the Office of the State Superintendent of Education (OSSE); DC Child and Family Services Agency (CFSA); DC DHS Family Services Administration (FSA); and any other agencies or departments if required to verify my eligibility for DC SUN Bucks. I also give these agencies permission to share personally identifiable information (PII) and protected health information (PHI) about my household to determine eligibility for SUN Bucks benefits.

I understand how the US Department of Agriculture (USDA) protects against nondiscrimination

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating on the basis of race, color, national origin, religion, sex, disability, age, marital status, family/parental status, income derived from a public assistance program, political beliefs, or reprisal or retaliation for prior civil rights activity, in any program or activity conducted or funded by USDA (not all bases apply to all programs). Remedies and complaint filing deadlines vary by program or incident.

Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotope, American Sign Language, etc.) should contact the State or local Agency that administers the program or contact USDA through the Telecommunications Relay Service at 711 (voice and TTY). Additionally, program information may be made available in languages other than English.

To file a program discrimination complaint, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at: <https://www.usda.gov/oascr/how-to-file-a-program-discrimination-complaint> 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, Mail Stop 9410, Washington, D.C. 20250-9410; (2) fax: (202) 690-7442; or (3) email: program.intake@usda.gov.

USDA is an equal opportunity provider, employer, and lender.



Parent/Guardian or Authorized Representative Signature: _____

Parent/Guardian or Authorized Representative Name (print): _____ **Date:** _____