

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. The SUN Bucks benefit amount and income limits can be found at www.dhs.pa.gov/sunbucks or on the separate [SUN Bucks Application Instructions](#).

If you intend to move to another state or have recently moved to another state, you should apply for benefits in the state where your child will complete or completed the school year immediately before the summer for which you are applying. For example, if you are interested in applying for 2026 SUN Bucks, you should only apply in the state where your child finished or will finish the school year in May/June 2026.













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.

To know whether you need to submit an application for your child or not, please see the rest of the page below and the next page.

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

- If your student is receiving Supplemental Nutrition Assistance Program (SNAP) or Temporary Assistance for Needy Families (TANF) and is age 6 through 18, they are automatically enrolled, you do not need to fill out this application. We will issue the benefit directly to their regular EBT card or their previously issued SUN Bucks card, if possible, or we will send a new SUN Bucks card to the address we have on file.
- If your student is receiving Medical Assistance (MA) and is age 6 through 18, they are automatically enrolled, you do not need to fill out this application. NOTE: this applies to children whose household income is below 185% of the Federal Poverty Level (FPL) and are not receiving MA through the Children with Special Needs category or children who are in the Children's Health Insurance Program (CHIP). We will issue the benefit directly to the previously issued SUN Bucks card, if possible, or issue a new SUN Bucks card to the address we have on file.
- If your student has already been determined to be income eligible for free or reduced-price meals by their school because they submitted an application or are a foster child, a migrant, a runaway, or are homeless, they will be submitted by the district as eligible to receive these benefits and you do not need to submit this application. We will issue the benefit directly to the previously issued SUN Bucks card, if possible, or issue a new SUN Bucks card to the address your school provides to us for the child.

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 school that participates in the National School Lunch Program (NSLP) and accepts applications for free and reduced-price meals.</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. To see the income limits, review the separate SUN Bucks Application Instructions or visit www.dhs.pa.gov/SUNbucks 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, which provides free school meals to all students.</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>		

NOTE: MA 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).

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.

ប្រសិនបើអ្នកត្រូវការដាក់ពាក្យសុំជាការសម្រេច ឬ ត្រូវការអ្នកបកប្រែ 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	School Name	School District (if applicable)	Identify: H = Homeless, M = Migrant R = Runaway, F = Foster Child Leave blank if none apply.	Social Security Number (OPTIONAL)

If you do not know or cannot provide the date of birth for any of the children for which you are applying, check here. However, without the date of birth, we may not be able to match your child to the enrollment lists provided by the schools and we may have to deny your application.

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.

Provide the Case Record Number, if you know it. Only provide 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. 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.

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 homeless, 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 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.

You may be asked to provide additional verification such as proof of income. We are required to randomly select 3 percent of all approved applications and request income verification to confirm that income reported on the application is accurate. If your application is selected, you will receive a letter from us confirming your child appears to be eligible, but that you must provide proof of your household's income to confirm that eligibility.

If we suspect that an individual has attempted to commit fraud to obtain SUN Bucks benefits, they will be referred to the Office of State Inspector General for investigation. **If an individual is found to have committed an Intentional Program Violation, they will be disqualified from receiving SUN Bucks on behalf of any child in Pennsylvania permanently.** The child(ren) may still receive SUN Bucks benefits, but they may not be issued to the disqualified individual.

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:	(833) 256-1665 or (202) 690-7442; or Email: 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.