

## Application for SUN Bucks Benefits

### Things to Know Before You Begin

	<p><b>Who should complete this application?</b></p>	<p>Certain categories of school-aged students are automatically eligible for the Sun Bucks benefits without an application.</p> <p><b>Stop! Do not complete this application if:</b></p> <ol style="list-style-type: none"> <li>1. Any children in your household currently participate in SNAP, MFIP, TANF, FDPIR, or are in Foster Care, experiencing homelessness, migrant or runaway.</li> <li>2. You completed a 2025-26 Application for Educational Benefits (Free or Reduced Lunch Application) through your child's school and were approved.</li> </ol>
	<p><b>What are you applying for?</b></p>	<p>The Sun Bucks is a new income-based grocery benefit program that provides families with \$120 per eligible school-aged child to buy groceries when school is out for the summer. The benefits are pre-loaded on an Electronic Benefit Transfer (EBT) card and can be used like SNAP benefits.</p>
	<p><b>How do I apply?</b></p>	<p><b>Apply online faster!</b> Save time by completing your application online at <a href="#">SUN Bucks Application</a>. You can also send this paper application via mail.</p>
	<p><b>What do you need to apply?</b></p>	<p>Be prepared to provide information on household members including children, school name, school student ID (obtained from school child attends), income, assistance program benefits contact information, and signature to complete your application efficiently.</p>
	<p><b>Why do we ask for this information?</b></p>	<p>The information you provide is used to determine eligibility, distribute benefits, and ensure program compliance.</p>
	<p><b>What happens next?</b></p>	<p>Send your complete and signed application to the <b>Minnesota Department of Education office at 400 Stinson Blvd NE, Minneapolis, MN 55413</b>. Once your application is processed, you will receive written notification of the outcome.</p>
	<p><b>Who to contact if you have questions?</b></p>	<p>For questions regarding the SUN Bucks application, email <a href="mailto:SUNBucks.MDE@state.mn.us">SUNBucks.MDE@state.mn.us</a>. Please <b>do not</b> include private student information in the email. This ensures we protect your child(ren) private data.</p> <p>Find more information regarding SUN Bucks on the <a href="#">Minnesota Department of Children, Youth, and Families website</a>.</p>

## Instructions on How to Complete the 2026 Application for SUN Bucks Benefits

Follow these steps to submit one application per household to the Minnesota Department of Education (MDE). Verification may be required; failure to provide it by the deadline requires reapplication. You may reapply if denied or if circumstances change. To opt back in after opting out, mail a signed statement with household members' names and dates of birth to 400 Stinson Blvd NE, Minneapolis, MN 55413. No need to report changes after approval.

### Step 1: Children In the Household

- Provide full names (no nicknames) and birthdates (MM/DD/YYYY) of **all** children. Put "N/A" if do not know birthday.
- List current school year grade, school name, and district (write "N/A" if not in school).
- Optionally include Student School ID and Social Security Number. Not submitting Student School ID and social security number does not affect approval.
- Mark if any child is in foster care, homeless, migrant, or a runaway status.

### Step 2: Assistance Program Benefits

- List all household members receiving SNAP, TANF, MFIP, or FDPIR, including names and case numbers.
- If no one receives these benefits, skip to [Step 3](#).

### Step 3: Total Household Gross Income

- Skip this step if you answered "Yes" to Step 2.
- Report total gross income (before deductions) for all household members.
- Write "0" or leave blank if no income. You are certifying (promising) that there is no income to report.
- Do not include as income: foster care payments, federal education benefits, MFIP payments, or value of assistance received from SNAP, WIC, or FDPIR. Military: Do not include combat pay or assistance from the Military Privatized Housing Initiative. See next page for [income guidelines](#) and [sources of income](#) information. Not sure what income to include here? See next page for sources of income information.

### Step 4: Optional

- Providing ethnicity and race information is optional and does not affect your application's approval but helps to ensure we are meeting civil rights requirements and fully serving our communities.

### Step 5: Household Contact Information and Adult Signature

- Provide contact details and language preference.
- If an authorized representative will act on your behalf, complete that section.
- Sign and date the application to be considered complete.

### Step 6: Information Disclosure and Non-Discrimination Statement

- Read the disclosure and civil rights statement. Signing the form confirms your understanding.

## Maximum Total Income

To qualify based on income, your household's total gross income must meet or fall below the specified income limits for your household size. The income guidelines are effective from July 1, 2025, through June 30, 2026.

Household size	\$ Per Year	\$ Per Month	\$ Twice Per Month	\$ Per 2 Weeks	\$ Per Week
1	28,953	2,413	1,207	1,114	557
2	39,128	3,261	1,631	1,505	753
3	49,303	4,109	2,055	1,897	949
4	59,478	4,957	2,479	2,288	1,144
5	69,653	5,805	2,903	2,679	1,340
6	79,828	6,653	3,327	3,071	1,536
7	90,003	7,501	3,751	3,462	1,731
8	100,178	8,349	4,175	3,853	1,927
Add for each additional person	10,175	848	424	392	196

## Sources of Income

### Income for Children

Sources of Income for Children	Examples
<ul style="list-style-type: none"> <li>• Earnings from work</li> <li>• Social Security               <ul style="list-style-type: none"> <li>○ Disability payments</li> <li>○ Survivor's benefits</li> </ul> </li> <li>• Income from person outside the household</li> <li>• Income from any other source</li> </ul>	<ul style="list-style-type: none"> <li>• A child has a regular full or part-time job where they earn a salary or wages</li> <li>• A child is blind or disabled and receives Social Security</li> <li>• A parent is disabled, retired, or deceased, and their child receives Social Security benefits</li> <li>• A friend or extended family member regularly gives a child spending money</li> <li>• A child receives regular income from a private pension fund, annuity, or trust</li> </ul>

### Income for Adults

Earnings from Work	Public Assistance/ Alimony/ Child Support	All Other Income
<ul style="list-style-type: none"> <li>• Salary, wages, cash bonuses (before deductions or taxes)</li> <li>• Net income from self-employment (farm or business)</li> <li>• If you are in the U.S. Military:               <ul style="list-style-type: none"> <li>○ Basic pay and cash bonuses (do not include combat pay, FSSA or privatized housing allowances)</li> <li>○ Allowances for off-base housing, food and clothing</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Cash Assistance from state or local government</li> <li>• Supplemental Security Income</li> <li>• Unemployment benefits</li> <li>• Worker's compensation</li> <li>• Alimony payments</li> <li>• Child support payments</li> <li>• Veteran's benefits</li> <li>• Strike benefits</li> </ul>	<ul style="list-style-type: none"> <li>• Social Security</li> <li>• Disability benefits</li> <li>• Unemployment benefits</li> <li>• Regular income from trusts or estates</li> <li>• Annuities</li> <li>• Investment income</li> <li>• Rental income</li> <li>• Regular cash payments from outside household</li> </ul>

## 2026 Application for SUN Bucks Benefits

This application is **only** to apply for the SUN Buck benefits. Complete one application per household. Please use a pen (not a pencil).

Step 1	List <b>all</b> Household Members who are infants, children, and students up to and including grade 12 (if more spaces are required for additional names, attach another sheet of paper).								
Child's First, Middle and Last Name	Birthdate "N/A" if do not know	Grade "N/A" if do not know	District and School Name "N/A" if not in school	Student School ID Indicate "N/A" if do not know	OPTIONAL Social Security Number	Check all that apply			
						Foster Child	Homeless	Migrant	Runaway
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Step 2	Does any member of your household (including you) receive SNAP or TANF or MFIP or FDPIR? Please write below name and case number. <b>If no, continue to Step 3</b>					
SNAP	TANF	MFIP	FDPIR		First and Last Name	Case Number
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			

Step 3	Report All Household Members (including children in the household) Earn or Receive Income. For each Household Member listed, if they do receive income, report total gross income only. If they do not receive income from any source, write "0" or leave any fields blank. You are certifying (promising) that there is no income to report. Not sure what income to include here? Review "Sources of Income" for information. "Sources of Income" will help you with the Child Income section and All Adult Household Members section. <b>Skip this step if you answered Yes to STEP 2</b>													
Names of All Adult Household Members (First and Last)	Gross Earnings from Working at Jobs					Are you Self-Employed or a Farmer?			Any Other Gross Income					
	Weekly	Bi-weekly	2x Month	Monthly	Report income before deductions or taxes in whole dollars (no cents).	Monthly	Yearly	Net income from Farm or Self-Employment. Do not duplicate elsewhere.	Weekly	Bi-weekly	2x Month	Monthly	SSI, Unemployment, Public Assistance, Child Support, and others on Page 2	
List all Household members not listed in STEP 1 (including yourself) even if they do not receive income. Include children who are temporarily away at school or in college.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	



**Step 6 Information Disclosure and Non-Discrimination Statement**

The Richard B. Russell National School Lunch Act requires that we use information from this application to determine who qualifies for SUN Bucks benefits. You do not have to give the information, but if you do not, we cannot approve your child for SUN Bucks benefits. We may share your eligibility information with education, health, and nutrition programs to help them evaluate, fund, or determine benefits for their programs, auditors for program reviews, and law enforcement officials to help them look into violations of program rules.

**Notice of Privacy Practices and Rights and Responsibilities**

The Minnesota Government Data Practices Act (MGDPA), Minn. Stat. 13, requires the Minnesota Department of Education (MDE) to inform individuals asked to provide private or confidential data about the purpose and intended use of the data, any known consequences of supplying or refusing to supply the data, and their rights and responsibilities regarding the data. The information you provide in this application includes private data about you or your minor child under the MGDPA. MDE will use this information to 1) Determine eligibility for the program; 2) Distribute benefits; 3) Communicate with you about SUN Bucks; 4) Monitor compliance with program rules, and 5) Manage the program. This information may be shared with other federal and state agencies, as well as law enforcement officials. If a claim is filed against your household, details from this application, including all Social Security Numbers (SSNs), may be provided to federal or state officials or private agencies for collection purposes.

**Your Right to Appeal:** If you believe your SUN Bucks eligibility or benefits are incorrect or your application was improperly processed, you have the right to request an appeal hearing. This process ensures a fair review of your case. You may represent yourself or have someone else represent you. Learn more about the appeals process by visiting <https://mn.gov/dhs/general-public/about-dhs/agency-operations/appeals/appeals.jsp>. You can request an appeal until November 29, 2026, for the 2026 summer benefits in one of the following ways: 1) In person at the DHS/DCYF office; 2) By calling the DHS/DCYF office, or 3) By mail or fax to the DHS/DCYF Appeals Division.

**Opting Out:** You have the right to opt out of sharing your information with us. To do so, please notify us by sending an email to [SUNBucks.MDE@state.mn.us](mailto:SUNBucks.MDE@state.mn.us).

**Important Note:** If you opt out, your child(ren) will not be eligible for SUN Bucks benefits, as we will be unable to determine eligibility or mail SUN Bucks card(s).

**Nondiscrimination statement**

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/ad-3027.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:

- (1) **mail:** U.S. Department of Agriculture  
Office of the Assistant Secretary for Civil  
Rights 1400 Independence Avenue, SW  
Washington, D.C. 20250-9410; or
- (2) **fax:** (833) 256-1665 or (202) 690-7442; or
- (3) **email:** [program.intake@usda.gov](mailto:program.intake@usda.gov)

This institution is an equal opportunity provider.

**NO ENGLISH**



Attention. If you need free help interpreting this document, call the number in the box above.

ማሳሰቢያ:- ስለ ዶክሜንቱ ነፃ ገለፃ ከፈለጉ፣ ሠራተኛዎን ያነጋግሩ። Amharic

انتباه. إذا احتجت الى مساعدة مجانية في ترجمة هذه الوثيقة، اتصل بالرقم الموجود في المربع أعلاه. Arabic

মেনাযোগ দিন। যিদ আপিন বিনামূলেয এই নিখটিৰ বযাযাৰ জেনয সহায় চান তাহেল উপেরাকত বাকেস থাকা নমবরটিতে কল করুন। Bengali

သတိပြုရန်။ ဤစာတမ်းကို ဘာသာပြန်ဆိုင်ရန်အတွက် အခမဲ့အကူအညီ လိုအပ်ပါက၊ အထက်ဖော်ပြပါ အကွက်ရှိ နံပါတ်ကို ခေါ်ဆိုပါ။ Burmese

ការយកចិត្តទុកដាក់។ ប្រសិនបើអ្នកត្រូវការជំនួយឥតគិតថ្លៃ ឬ ការបកស្រាយឯកសារនេះ សូមហៅទូរសព្ទទៅលេខក្នុង ឯប្រអប់ខាងលើ។ Cambodian

注意！如果您需要免費的口譯支持，請撥打上方方框中的電話號碼。 Cantonese (Traditional Chinese)

wán. héčínhan niyé wáchínjyAn wayúiyeska ki de wówapi sutá, ečíyA kin wóiyawa ed ophiye wan. Dakota

Paunawa. Kung kailangan mo ng libreng tulong sa pag-unawa sa kahulugan ng dokumentong ito, tawagan ang numero sa kahon sa itaas. Filipino (Tagalog)

Attention. Si vous avez besoin d'aide gratuite pour interpréter ce document, appelez le numéro indiqué dans la case ci-dessus. French

સાવધાન. જો તમને આ દસ્તાવેજને સમજવા માટે નિ:શુલ્ક મદદની જરૂર હોય, તો ઉપરના બોક્સ પૈકીના નંબર પર કોલ કરો. Gujarati

ध्यान दें। यदि आपको इस दस्तावेज़ की व्याख्या में निशुल्क सहायता की आवश्यकता है, तो ऊपर बॉक्स में दिए गए नंबर पर कॉल करें। Hindi

**NO ENGLISH**



Lus Ceeb Toom. Yog tias koj xav tau kev pab txhais lus dawb ntawm cov ntaub ntawv no, ces hu rau tus nab npawb xov tooj nyob hauv lub npov plaub fab saum toj no. Hmong

ဟ်သုဉ်ဟ်သး. နမ့ၢ်လိဉ်ဘဉ် တၢ်မၤစၢၤကလီၤလၢ ကကိၣ်းထံလံာ်တီလံာ်မိတဖဉ်အယိ, ကိးနီဉ်ဂံၢ်လၢ အအိဉ်ဖဲတၢ်လွံၢ်နၢဉ် လၢတၢ်ဖိခိဉ်အပူၤတက့ၢ်. Karen

이 문서의 내용을 이해하는 데 도움이 필요하시면 위에 있는 전화번호로 연락해 무료 통역 서비스를 받으실 수 있습니다. Korean

تکایه سهرنج بده. ئەگەر بۆ وەرگێڕانی ئەبەهل گەننامیە پێویستت بە یارمەتی بێ بەرامبەرە، ئەوا پەڕێوەندی بەو ژمارەیهوه بکە که له بۆکسهکهی سهرهوه دایه. Kurdish Sorani

Baldarî. Ger ji bo wergerandina vê belgeyê hewcedariya we bi alîkariya belaş hebe, ji kerema xwe bi hejmara li qutiya jorîn re telefon bikin. Kurdish Kurmanji

Hoǎpín. Tóhán wanǎží thí wíyukčanpi kiŋ yuhá níyunspe héčha čhéya, lé tkíčhun kiŋ k'é nánpa opáwiŋyan. Lakota

ເອົາໃຈໃສ່. ຖ້າທ່ານຕ້ອງການຄວາມຊ່ວຍເຫຼືອພຣີໃນການຕີຄວາມເອກະສານນີ້, ໃຫ້ໃບຫາເປີທີ່ຢູ່ໃນບ່ອງຂ້າງເທິງ. Lao

注意！如果您需要免费的口译帮助，请拨打上方方框中的电话号码。  
Mandarin (Simplified Chinese)

Pälε rɔ piny: Mi gööri luäk lɔrä kε luɔc kä mεmε, yɔtni nāmbär εmɔ tēē nhial guäth εmε. Nuer

Mah Biz'sin'dan.

Keesh'pin nan'deh'dam'mun chi'wee'chi'goo'yan chi'nis'too'ta'man oo'weh ooshii'be'kan.

Ishi'kidoon ah'kin'das'soon ka'ooshi'bee'kadehk ish'peh'mik ka'shi ka'ka'kak. Ojibwe

**NO ENGLISH**



Hubachiisa:-Yoo barreeffama kana hiikuuf gargaarsa bilisaa barbaaddan, lakkoofsa saanduqa armaan olii keessa jirun bilbilaa Oromo

Atenção. Se você precisar de ajuda gratuita para interpretar este documento, ligue para o número na caixa acima. Portuguese

Внимание! Если Вам нужна бесплатная помощь в переводе этого документа, позвоните по телефону, указанному в рамке выше. Russian

Pažnja. Ukoliko vam je potrebna besplatna pomoć u tumačenju ovog dokumenta, pozovite broj naveden u kvadratu iznad. Serbian

Fiiro gaar ah. Haddii aad u baahan tahay caawimo bilaash si laguugu turjumo dukumiintigan, wac lambarka ku jira sanduuqa sare. Somali

Atención. Si necesita ayuda gratuita para interpretar este documento, llame al número que aparece en el recuadro superior. Spanish

Zingatia. Iwapo unahitaji msaada usio na malipo wa kutafsiri hati hii, piga simu kwa namba iliyo kwenye kisanduku hapo juu. Swahili

ልቢ ቢሉ፡ ነዚ ሰነድ ንምትርጓም ነፃ ሓገዝ እንተ ደልዮም፣ ቦቲ ኣብ ላዕሊ ኣብ ውሽጢ ሰደጃ ተቐጥጢ ዘሎ ቁጽሪ ይደውሉ። Tigrinya

Увага! Якщо Вам потрібна безкоштовна допомога в перекладі цього документа, зателефонуйте за номером, вказаним у рамці вище. Ukrainian

Xin lưu ý: Hãy liên hệ theo số điện thoại trong ô trên nếu bạn cần bất kỳ sự hỗ trợ miễn phí nào để hiểu rõ về tài liệu này. Vietnamese

Àkíyèsí. Tí o bá nílò ìrànlowọ pẹ̀lú tí tú mọ̀ àk ọ̀ọ̀lẹ̀ yìí, pe nọmbà tó wà nínú àpótí tí wà ló kẹ̀. Yoruba

LB (7-24)



For accessible formats of this information or assistance with additional equal access to human services, email us at [dhs.info@state.mn.us](mailto:dhs.info@state.mn.us), call 651-431-4400 or use your preferred relay service. ADA1 (3-24)