Application for SUN Bucks Benefits

Things to Know Before You Begin

Who should complete this application?	Certain categories of school-aged students are automatically eligible for the Sun Bucks benefits without an application. **Stop! Do not complete this application if**: 1. Any children in your household currently participate in SNAP, MFIP, TANF, FDPIR, or are in Foster Care, experiencing homelessness, migrant or runaway. 2. You completed a 2026-27 Application for Educational Benefits (Free or Reduced Lunch Application) through your child's school and were approved. If your child(ren) intends to enroll or have enrolled in another school outside of Minnesota before the end of the 2026-2027 school year, do not use this application to apply for SUN Bucks benefits. Apply for benefits in the state where your child(ren) will complete or have completed the school year.
What are you applying for?	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.
How do I apply?	**Apply online faster!** Save time by completing your application online at SUN Bucks Application. You can also send this paper application via mail.
What do you need to apply?	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.
Why do we ask for this information?	The information you provide is used to determine eligibility, distribute benefits, and ensure program compliance.
What happens next?	Send your complete and signed application to **Minnesota Department of Education** at **400 Stinson Blvd NE, Minneapolis, MN 55413.** Once your application is processed, you will receive written notification of the outcome.
Who to contact if you have questions?	For questions regarding the SUN Bucks application, email SUNBucks.MDE@state.mn.us. Please **do not** include private student information in the email. This ensures we protect your child(ren) private data. Find more information regarding SUN Bucks on the Minnesota Department of Children, Youth, and Families website.

Instructions on How to Complete the 2027 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.
- Provide mailing address. This will be used to mail the EBT card.
- 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, 2026, through June 30, 2027.

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

• Earnings from work
• Social Security
  ○ Disability payments
  ○ Survivor's benefits
• Income from person outside the household
• Income from any other source
	• A child has a regular full or part-time job where they earn a salary or wages
	• A child is blind or disabled and receives Social Security
	• A parent is disabled, retired, or deceased, and their child receives Social Security benefits
	• A friend or extended family member regularly gives a child spending money
	• A child receives regular income from a private pension fund, annuity, or trust

Income for Adults

Earnings from Work	Public Assistance/ Alimony/ Child Support	All Other Income

• Salary, wages, cash bonuses (before deductions or taxes)
• Net income from self-employment (farm or business)
• If you are in the U.S. Military:
  ○ Basic pay and cash bonuses (do not include combat pay, FSSA or privatized housing allowances)
  ○ Allowances for off-base housing, food and clothing
	• Cash Assistance from state or local government
	• Supplemental Security Income
	• Unemployment benefits
	• Worker's compensation
	• Alimony payments
	• Child support payments
	• Veteran's benefits
	• Strike benefits
		• Social Security
		• Disability benefits
		• Unemployment benefits
		• Regular income from trusts or estates
		• Annuities
		• Investment income
		• Rental income
		• Regular cash payments from outside household

2027 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 **all** 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 (Required)	**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**
						☐	☐	☐	☐
						☐	☐	☐	☐
						☐	☐	☐	☐
						☐	☐	☐	☐
						☐	☐	☐	☐

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. **If no, continue to Step 3**				
SNAP	**TANF**	**MFIP**	**FDPIR**	**First and Last Name**	**Case Number**
☐	☐	☐	☐		
☐	☐	☐	☐		
☐	☐	☐	☐		
☐	☐	☐	☐		

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. **This section is required unless you answered yes on step 2.**

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**				
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.	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
	☐	☐	☐	☐	$	☐	☐	$	☐	☐	☐	☐	$
	☐	☐	☐	☐	$	☐	☐	$	☐	☐	☐	☐	$
	☐	☐	☐	☐	$	☐	☐	$	☐	☐	☐	☐	$
	☐	☐	☐	☐	$	☐	☐	$	☐	☐	☐	☐	$

Step 4	OPTIONAL: Children's Racial and Ethnic Identities You do not have to answer these questions to get SUN Bucks benefits. This information is important and helps to make sure we are fully serving our community.

Child's First, Middle and Last Name	Ethnicity (check one)		Race (check one or more)				
	Hispanic or Latino	Not Hispanic or Latino	American Indian or Alaskan Native	Asian	Black or African American	Native Hawaiian or Other Pacific Islander	White
	☐	☐	☐	☐	☐	☐	☐
	☐	☐	☐	☐	☐	☐	☐
	☐	☐	☐	☐	☐	☐	☐
	☐	☐	☐	☐	☐	☐	☐

Step 5 **Household Contact Information and Adult Signature**

First Name	Middle Name	Last Name	
Mailing Address (Indicate "N/A" if no address)	Apartment or Suite Number	City	ZIP Code
Phone Number		Email	
	☐ Cell ☐ Home ☐ Work		
Your Preferred Spoken Language	Your Preferred Written Language	Do You Need an Interpreter?	
		☐ Yes	☐ No

OPTIONAL-Authorized Representative

Would you like someone to act as your authorized representative? You may designate an authorized representative to discuss this application with us, access your information, and act on your behalf in matters related to this application, including receiving information and signing the application on your behalf.

☐ Yes ☐ No — If yes, please provide Full Name, address, phone number and date of birth:

By signing, I agree to serve as the authorized representative for this household. I understand my responsibilities, including maintaining the confidentiality of information about those listed on this application.

Authorized Representative Signature ONLY

"I certify (promise) that all information on this application is true, correct and that all income is reported. I understand that this information is given in connection with the receipt of Federal funds, and that SUN Bucks state officials may verify (check) the information on the application, and that deliberate misrepresentation of the information may subject the applicant to prosecution under applicable State and Federal criminal statutes. I attest that none of the children on this application have already been approved or received SUN Bucks in Minnesota, or another state.

I certify that if I named an Authorized Representative above, I authorized them to act on my behalf. I understand that my household may be held responsible for any over-issuance due to incorrect information provided by the authorized representative. I also understand I will contact the SUN Bucks Agency if I receive more than one benefit per child and will repay any additional benefits spent. This authorization remains valid until I modify or revoke it, or the authorized representative notifies the agency that they no longer act in this capacity. The authorization will also end if there is a change in the legal authority for this representation."

Sign Here: Signature of Household Adult (Required) **Date**

Do Not Fill Out: For Office Use Conversions to Annualize All Income:	X52	X26	X24	X12	X1	☐ **Verified? Attach Tracker**	No change ☐	Free After Verified ☐	Reduced After Verified ☐	Denied After Verified ☐
All Total Income (Include child and adult income)	Weekly	Bi-weekly	2X Month	Monthly	Annual	**Household Size**	Categorical Eligibility	Free	Reduced	Denied
$	☐	☐	☐	☐	☐		☐	☐	☐	☐

Processed by: _____Date_____ Confirmed by: _____ Date_____

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 donot 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, 2027, for the 2027 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.
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

This institution is an equal opportunity provider.