



Missouri SuN Bucks (Summer -EBT) Application

IMPORTANT: Applications received after August 31, 2024, will be used to determine eligibility for Summer 2025 SuN Bucks benefits. You must complete this application to receive SuN Bucks if your child attends a school that provides free breakfast or lunch for all kids. Children do not need to complete an application because they are automatically eligible for SuN Bucks if they are between the ages of 7-17 and receive Supplemental Nutrition Assistance Program (SNAP) or Temporary Assistance (TA) benefits, or are in Foster Care, or are determined by their school to be homeless, migrant, or a runaway. Additionally, children who are enrolled in the National School Lunch Program or School Breakfast Program (NSLP/SBP) are automatically eligible and do not have to complete an application. SuN Bucks eligibility is based on the eligibility standards for the [NSLP/SBP](#).

Apply Online: mydss.mo.gov/sunbucks OR return completed form to Family Support Division-Online: mydssupload.mo.gov, Mail: Family Support Division, P.O. Box 2700, Jefferson City, MO. 65102, **FAX:** 573-526-9400. Complete one application per household. Please use a pen (not a pencil). You must complete the entire application for it to be processed. Definition of **Household Member:** Anyone who is living with you and shares income and expenses, even if not related. If you have recently moved or intend to move, you will need to apply for benefits in the State where the child will complete or completed the school year immediately preceding the summer break. Missouri SuN Bucks Summer Operational Period is June 15, 2024 – August 31, 2024. Applications received between July 1st, - August 31st 2024, will be used to determine eligibility for the summers of 2024 and 2025.

STEP 1: If any member of your household receives SNAP or TANF, provide the name and case number (DCN) or identifier for the person who receives benefits below: Then go to Step 4 (Do not complete Steps 2 or 3)

Last Name, First name:	DOB:	DCN or last 4 of SSN:
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STEP 2: All Household Members (Please attach an additional sheet for more than four household members) Please indicate the name of the school District the student attends (i.e. Columbia and provide the name of the school (i.e. Beulah Ralph Elementary), city (i.e. Columbia where the child is enrolled, county of residence (i.e. Boone). List yourself first.

Last Name, Legal First Name	Date of Birth	Gender (optional)	Last 4 of SSN (optional)	Is the Child any of the Following? <input type="checkbox"/> Receiving SNAP or TANF Case Number (DCN) _____ <input type="checkbox"/> Homeless or Migrant <input type="checkbox"/> Foster <input type="checkbox"/> Check if NO income	
School District		School Building Name		City	County
Last Name, Legal First Name	Date of Birth	Gender (optional)	Last 4 of SSN (optional)	Is the Child any of the Following? <input type="checkbox"/> Receiving SNAP or TANF Case Number (DCN) _____ <input type="checkbox"/> Homeless or Migrant <input type="checkbox"/> Foster <input type="checkbox"/> Check if NO income	
School District		School Building Name		City	County
Last Name, Legal First Name	Date of Birth	Gender (optional)	Last 4 of SSN (optional)	Is the Child any of the Following? <input type="checkbox"/> Receiving SNAP or TANF Case Number (DCN) _____ <input type="checkbox"/> Homeless or Migrant <input type="checkbox"/> Foster <input type="checkbox"/> Check if NO income	
School District		School Building Name		City	County
Last Name, Legal First Name	Date of Birth	Gender (optional)	Last 4 of SSN (optional)	Is the Child any of the Following? <input type="checkbox"/> Receiving SNAP or TANF Case Number (DCN) _____ <input type="checkbox"/> Homeless or Migrant <input type="checkbox"/> Foster <input type="checkbox"/> Check if NO income	
School District		School Building Name		City	County

Step 3: Report ALL Household members and INCOME for ALL Members (including the student's income): Income is money that's paid to any household member, such as earnings from a job or payments from Social Security or child support, before deductions and taxes. ** If additional space is needed, please list other household members' information on another page.*

Last Name, First Name	Date of Birth	SSN (optional)	Source of Income:	Gross Income amount:	Income Frequency: <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Twice a Month <input type="checkbox"/> Monthly
Last Name, First Name	Date of Birth	SSN (optional)	Source of Income:	Gross Income amount:	Income Frequency: <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Twice a Month <input type="checkbox"/> Monthly
Last Name, First Name	Date of Birth	SSN (optional)	Source of Income:	Gross Income amount:	Income Frequency: <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Twice a Month <input type="checkbox"/> Monthly
Last Name, First Name	Date of Birth	SSN (optional)	Source of Income:	Gross Income amount:	Income Frequency: <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Twice a Month <input type="checkbox"/> Monthly

PART 4. OPTIONAL - CONSENT FOR AUTHORIZED REPRESENTATIVE -- This person can apply for benefits, provide interview assistance, get notices, report changes, and make inquiries. Your household will be held liable for any over issuance that results from the representative providing incorrect information.

Full Name:	Mailing Address:
Phone #:	Email: DOB:

Step 5: SIGNATURE (ADULT HOUSEHOLD MEMBER MUST SIGN) AND PROVIDE CONTACT INFORMATION

Penalty Warning: I certify (promise) that all information on this application is true and correct and that all income is reported. I understand that this information is given in connection with the receipt of Federal funds. I understand that State or local officials may verify the accuracy of information in this application. I am aware that if I purposely give false information, my children may be denied benefits, and I may be prosecuted under applicable State and Federal criminal laws.

- Do not give false information, or hide information, to get or continue to get SuN Bucks benefits.**
- Do not give, trade, or sell SuN Bucks benefits to anyone not authorized to use them.**
- Do not alter any authorization document to SuN Bucks benefits you are not entitled to receive.**
- Do not use SuN Bucks benefits to buy ineligible items, such as alcoholic drinks or tobacco.**
- Do not use someone else's SuN Bucks benefits for your household.**

I understand the questions on this application. I know it is against the law to obtain or attempt to obtain benefits for which I am/we are not entitled. Any false claim, statement, or concealment of any material fact whatever, in whole in part, may subject me to criminal and/or civil persecution. I certify, under penalty of perjury, that the information I have given is correct and complete to the best of my knowledge. I also authorize the release of any information necessary to determine the correctness of my certification. I understand that if I disagree with any action taken on my case, I have the right to request a fair hearing orally or in writing.

By signing this application on paper or electronically, you are giving us permission to deliver, or cause to be delivered, Email notifications, automated phone calls and text messages regarding your case at the primary Email address or phone number you provided on page 1. You do not have to consent to this as a condition of eligibility. If you do not want to be contacted in this manner, you can opt out of getting these Emails, automated phone calls and text messages.

Check here: opt out of Email Notifications opt out of calls opt out of texts opt out of calls and texts

***** All communication will be sent electronically unless you have indicated the preference to opt out of Electronic Communications.**

 **SIGN HERE**

* SIGNATURE	Adult Household Member's Printed Name:	Date:
Mailing Address: City Zip	Phone # Type: <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell	Email:

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 ITO to get SuN Bucks for a foster child, and children who are homeless, migrant, or runaway.”

OPTIONAL: Children’s Racial and Ethnic Identities

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. If ethnicity/race is not selected, a visual identification will be determined.

Ethnicity (check one): Hispanic or Latino Not Hispanic or Latino

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

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, audiotope, 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:

This institution is an equal opportunity provider.

* MAIL: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410

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.

Answering the following questions will not affect the amount of assistance you will be provided by this department.

Have you or an immediate family member ever served in the U.S. Armed Forces?

YES NO

If YES, would you like information about military-related services in Missouri?

YES NO