



Maryland SUN Bucks Application



You can also apply on-line <https://mydthink.maryland.gov/home/#/sunbucks>. Please only complete one (1) application per household.
 For more information, read the **Instructions for Applying**, call 1-800-332-6347 and select the Maryland SUN Bucks option, or visit the website by scanning this QR code →

Apply for Maryland SUN Bucks

School-aged children receiving SNAP, TCA, Medicaid, and/or Free or Reduced-Price School Meals are automatically eligible for the Maryland SUN Bucks program. Children experiencing Foster Care and children who meet the criteria for Homeless, Migrant, Runaway, and Head Start are also automatically eligible. Families of children enrolled in Community Eligibility Provision (CEP) Schools who do not meet one of these criteria must apply if they would like to receive Maryland SUN Bucks. The Richard B. Russell National School Lunch Act requires that we use information from this application to determine who qualifies for 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.

Do any household members (including you) currently participate in the Supplemental Nutrition Assistance Program (SNAP), Temporary Cash Assistance (TCA), Medical Assistance (MA) and/or Free and Reduced-Price School Meals?

Check One: YES NO If yes, please provide your Case ID Number: _____

Household Information (if more spaces are required for additional names, attach another sheet of paper).

Add Applying Parent/Guardian Information (All fields with (*) must be answered)

First Name *	Middle Name	Last Name *	Suffix
Date of Birth *	Social Security Number		

*Proving your Social Security Number (SSN) is optional, but if you choose to include it, it can help with the application process.

List ALL ADULT Household Members and Income (All fields with (*) must be answered)

List ALL Household Members (including yourself), even those who do not receive income. For each Household Member that receives income, report total income and how often for each source in whole dollars only. 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.

(Note: Frequency = Weekly, Bi-weekly, Twice a month, Monthly, or Annual)

First Name *	Middle Name	Last Name *	Suffix	Date of Birth *	Social Security Number	Gross Earnings from Work*		Total Other Income* (Child Support, Alimony, Unemployment, Pensions, Retirement, Other Income)	
						Amount	Frequency	Amount	Frequency
						\$		\$	
						\$		\$	
						\$		\$	
						\$		\$	
						\$		\$	
						\$		\$	

Children Information (if more spaces are required for additional names, attach another sheet of paper).

List ALL Children in the Household (All fields with (*) must be answered)										
First Name *	Middle Name	Last Name *	Suffix	Date of Birth *	Grade *	Student ID	School District *	School Name	Gender	Social Security Number

First and Last Names of all school ENROLLED children	Check (✓) all that apply:				Gross Income *	Frequency *	OPTIONAL	
	Foster Care	Homeless	Migrant	Runaway			Ethnicity	Race

Additional Information

Total Household Members (Children and Adults): _____ Preferred Language: _____

Residential Address (All fields with (*) must be answered)			
Address*			Apt No.
City*	State*	Zip Code*	
Phone Type	Phone Number	Email	

