# Maryland SUN Bucks Application

You can also apply on-line MarylandBenefits.gov. 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 |
| | | | | | *(You can find Student ID on your child's report card or within the School Parent Portal) | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |

| 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 |

| Mailing Address is the same as Residential Address<br>Check One: ☐ YES ☐ NO | | |
|---|---|---|
| **If "YES", skip to the Sworn Statement. If "NO", please provide your Mailing Address (All fields with (*) must be answered)** | | |
| Address* | | Apt No. |
| City* | State* | Zip Code* |

## USDA 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:

Do not mail applications to this address, this is only to file complaints of discrimination.

*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

## Sworn Statement and Signatures

- I affirm that I have read, or had read to me, this entire application, and that the information I have given to the Maryland Department of Human Services is true and correct. I understand that purposely giving false information may subject me to prosecution under applicable State and Federal statutes.
- I understand that each eligible child may not receive more than $120 in Maryland SUN Bucks benefits per program year and certify that my child(ren) is not already receiving these benefits in another State, Indian Tribal Organization, or jurisdiction.
- If my child(ren) receives benefits from another State, Indian Tribal Organization, or jurisdiction, I agree to notify the Maryland Department of Human Services and to not use those duplicate benefits.
- If I knowingly use those duplicate benefits, I understand that I may be responsible for repaying those benefits.
- I authorize the Maryland Department of Human Services to contact any person, government agency, organization, or business for information to verify and determine benefits eligibility. I authorize those contacted entities to release relevant information to the Maryland Department of Human Services for the determination of benefits eligibility.

| **Parent/Guardian Printed Name:** | |
|---|---|
| **Signature:** | **Date:** |

## For Agency Use Only:

**Date Received: _____**