

SUN Bucks Application

What is SUN Bucks?

SUN Bucks, also known as Summer EBT, is an annual grocery benefits program to help families buy food for their school-aged children during the summer. Families will get a one-time payment of \$120 per eligible child.

Income Guidelines

Federal income limits are used to determine a child's eligibility for SUN Bucks/Summer EBT benefits. A household's total gross income, before taxes and deductions are taken out, needs to be at or below the federal income limit to qualify for Summer EBT. To learn more about the federal income limit please visit <https://hhs.iowa.gov/assistance-programs/food-assistance/sun-bucks>.

Do I need to complete an application to receive SUN Bucks/Summer EBT?

No – Your child will be automatically enrolled if:

- Your child receives SNAP or FIP or certain Medicaid programs **OR**
- Your child is in foster care **OR**
- Your child is eligible for free and reduced price meals in the USDA National School Lunch Program or School Breakfast Program (NSLP/SBP) based on a free and reduced price meal application

Yes – If your child(ren) does not meet the above criteria and you believe that you qualify for SUN Bucks benefits, please complete one application for your entire household..

You must also submit this application if your child attends a school participating in the Community Eligibility Provision (CEP), which provides no cost meals for breakfast and lunch, unless the child(ren) you are applying for already meet one of the criteria listed above.

For more information on CEP, please visit:

<http://educate.iowa.gov/pk-12/operation-support/nutrition-programs/school-meals/cep>

If you intend to move or have recently moved, you should apply for benefits in the state where your child(ren) will complete or completed the school year immediately before the summer for which you are applying.

Important!

- **You can apply faster online:** Go to <https://hhs.iowa.gov/assistance-programs/food-assistance/sun-bucks> to start your application or get more information.
- **Required information:** Questions marked with a star *' are required. If you do not answer required questions marked with a *, your application may take longer to be processed.
- **Complete all required pages, SIGN your application and send to:**
 - Email: imagingcenter2@hhs.iowa.gov or
 - Fax: 515-564-4015 or
 - Mail: 1407 Independence Ave, Waterloo, Iowa 50704

Information About Your Household

Public Assistance Programs

Do you or any of your household members participate in Supplemental Nutrition Assistance Program (SNAP) or Family Investment Program (FIP)? Yes No

If Yes, please provide your case number

Do you or any of your household members participate in any Medicaid program? Yes No

If Yes, please provide your case number

Children in Your Home*

Child 1 Information

Legal First Name *	Middle Initial	Legal Last Name *
Social Security Number	Birth Date (MM/DD/YYYY)* <input type="checkbox"/> I don't know	
Ethnicity (optional) <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino		
Race (optional) <input type="checkbox"/> White <input type="checkbox"/> African American/Black <input type="checkbox"/> Asian <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> Other		
Name of School attended		
Name of School District		

Child 2 Information

Legal First Name *	Middle Initial	Legal Last Name *
Social Security Number	Birth Date (MM/DD/YYYY)* <input type="checkbox"/> I don't know	
Ethnicity (optional) <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino		
Race (optional) <input type="checkbox"/> White <input type="checkbox"/> African American/Black <input type="checkbox"/> Asian <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> Other		
Name of School attended		
Name of School District		

Child 3 Information

Legal First Name *	Middle Initial	Legal Last Name *
Social Security Number		Birth Date (MM/DD/YYYY)* <input type="checkbox"/> I don't know
Ethnicity (optional) <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino		
Race (optional) <input type="checkbox"/> White <input type="checkbox"/> African American/Black <input type="checkbox"/> Asian <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> Other		
Name of School attended		
Name of School District		

Child 4 Information

Legal First Name *	Middle Initial	Legal Last Name *
Social Security Number		Birth Date (MM/DD/YYYY)* <input type="checkbox"/> I don't know
Ethnicity (optional) <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino		
Race (optional) <input type="checkbox"/> White <input type="checkbox"/> African American/Black <input type="checkbox"/> Asian <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> Other		
Name of School attended		
Name of School District		

Adults in Your Home***Adult 1 Information**

Legal First Name *	Legal Last Name *	Phone Number
Social Security Number		Birth date (MM/DD/YYYY)* <input type="checkbox"/> I don't know

Adult 2 Information

Legal First Name *	Legal Last Name *	Phone Number
Social Security Number		Birth date (MM/DD/YYYY)* <input type="checkbox"/> I don't know

Home Address	City	State	ZIP Code
Email Address	Relationship to you		

Rights and Responsibilities:

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. Some children qualify for Summer EBT without an application. Please contact your State or ITO to get Summer EBT for a foster child, and children who are homeless, migrant, or runaway.

Things You Need to Know:

If you have a SUN Bucks/Summer EBT overpayment, HHS will give your answers to federal and state agencies as well as private claims collection agencies, to collect the overpayment.

Follow these Rules of the SUN Bucks/Summer EBT Program:

- Don't hide or give wrong information on purpose to get SUN Bucks/Summer EBT benefits.
- Don't use SUN Bucks/Summer EBT benefits to buy non-food items like alcohol or tobacco.
- Don't trade, sell, or give away SUN Bucks/Summer EBT benefits.
- Don't use someone else's SUN Bucks/Summer EBT benefits for yourself.

Penalties

If you do not follow these rules, you may not get benefits for one year for the first time, two years for the second time, and forever for the third time;

May be fined up to \$250,000 or jailed up to 20 years or both; and may also be subject to prosecution under other applicable Federal and State laws.

May be kept off benefits for an additional 18 months, if court ordered.

If a court finds you guilty of trading benefits for firearms, ammunition, or explosives, you will lose benefits forever.

If a court finds you guilty of buying, selling, or trading more than \$500 in SUN Bucks/Summer EBT benefits, you will lose benefits forever.

If a court finds you guilty of trading SUN Bucks/ Summer EBT benefits for controlled substances, you will lose benefits for two years the first time and forever the second time.

You will not get benefits for 10 years if you are found guilty of getting or trying to get SUN Bucks/Summer EBT in more than one household at a time. This penalty happens if you give wrong information about who you are or where you live. Giving wrong information on purpose may result in us taking legal action against you, either criminal or civil. It might also mean we reduce your benefits or take money back from you.

Signature required:

By signing this application, I certify that all information provided is true and correct. I understand that this application is being made in connection with the receipt of Federal funds. I further certify that I am not currently receiving Summer EBT benefits in another State or Indian Tribal Organization (ITO) I acknowledge that Summer EBT agencies may verify the information provided on this application, and I understand that any deliberate misrepresentation of information may subject me to prosecution under applicable State and Federal criminal statutes.

Adult Signature *		Date*	
Adult First Name, Last Name (printed)*			
The address you provide below will be where the benefit card is mailed.			
Home address *	City	State	Zip Code
Mailing address (if different than above)	City	State	Zip Code
Phone Number			
Email Address			
Preferred Language			

You Will Not Be Discriminated Against - It is the policy of HHS to provide equal treatment in employment and provision of services to applicants, employees and clients without regard to race, color, national origin, sex, sexual orientation, religion, age, disability, political belief or veteran status. If you feel HHS has discriminated against or harassed you, please send a letter detailing your complaint to: HHS, Bureau of Human Resources, 321 E. 12th St., Des Moines, IA 50319 or via email inclusion@hhs.iowa.gov

In accordance with federal civil rights law and USDA civil rights regulations and policies, the USDA, its agencies, offices, employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, religion, sex, disability, age, marital status, family/parental status, income derived from a public assistance program, political beliefs, or reprisal or retaliation for prior civil rights activity, in any program or activity conducted or funded by USDA (not all bases apply to all programs). Remedies and complaint filing deadlines vary by program or incident.

Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotape, American Sign Language, etc.) should contact the state or local agency that administers the program or contact USDA through the Telecommunications Relay Service at 711 (voice and TTY). Additionally, program information may be made available in languages other than English.

To file a program discrimination complaint, complete the USDA Program Discrimination Complaint Form, [AD-3027](#), found online at How to File a Program Discrimination Complaint and at any USDA office or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

1. **Mail:** U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Mail Stop 9410, Washington, D.C. 20250-9410;
2. **Fax:** (202) 690-7442; or
3. **Email:** program.intake@usda.gov.

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