

Household Application for SUN Bucks – PAPER (Updated August 2024)

School Year: 2024 - 2025

To easily **apply online**, visit <https://northcarolina.summerebtapp.com>. Complete ONE application per household. Use a **pen**. **Make sure to review the application instructions sheet before filling this out.**

STEP 1: Please list and answer questions for ALL students you are applying for. If you don't know the answer to a question with an asterisk (*), you can leave it blank, but North Carolina may need to contact you for more information before processing your application.

STUDENT 1

Child's First Name (REQUIRED) <input type="text"/>	MI	Child's Last Name (with Suffix if applicable) (REQUIRED) <input type="text"/>	Foster Child	Migrant	Runaway	Homeless
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
School County (REQUIRED)* <input type="text"/>	School Name (REQUIRED)* <input type="text"/>					
Student ID (REQUIRED)* <input type="text"/>	Date of Birth (REQ.)* (MONTH) (DAY) (YEAR)		Grade (SY 24-25)			
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
At any point this school year, participated in Food and Nutrition Services (FNS/food stamps): <input type="checkbox"/> TANF (WorkFirst/cash assistance): <input type="checkbox"/> <i>(only check box if Student 1 is associated with a case)</i>						
If your child participates in one of the above programs, enter the case number here: <input type="text"/> <i>N/A if Student 1 does not participate)</i>						
Ethnicity (Optional, check one): <input type="checkbox"/> Hispanic or Latino (regardless of race) <input type="checkbox"/> Not Hispanic or Latino						
Race (Optional, check one or more): <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White						

"Migrant" refers to children moving to join guardians seeking temporary agricultural / fishing employment due to economic necessity.

STUDENT 2

Child's First Name (REQUIRED) <input type="text"/>	MI	Child's Last Name (with Suffix if applicable) (REQUIRED) <input type="text"/>	Foster Child	Migrant	Runaway	Homeless
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
School County (REQUIRED)* <input type="text"/>	School Name (REQUIRED)* <input type="text"/>					
Student ID (REQUIRED)* <input type="text"/>	Date of Birth (REQ.)* (MONTH) (DAY) (YEAR)		Grade (SY 24-25)			
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
At any point this school year, participated in Food and Nutrition Services (FNS/food stamps): <input type="checkbox"/> TANF (WorkFirst/cash assistance): <input type="checkbox"/> <i>(only check a box if Student 2 is associated with a case)</i>						
If your child participates in one of the above programs, enter the case number here: <input type="text"/> <i>N/A if Student 2 does not participate)</i>						
Ethnicity (Optional, check one): <input type="checkbox"/> Hispanic or Latino (regardless of race) <input type="checkbox"/> Not Hispanic or Latino						
Race (Optional, check one or more): <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White						

"Migrant" refers to children moving to join guardians seeking temporary agricultural / fishing employment due to economic necessity.

STUDENT 3

Child's First Name (REQUIRED) <input type="text"/>	MI	Child's Last Name (with Suffix if applicable) (REQUIRED) <input type="text"/>	Foster Child	Migrant	Runaway	Homeless
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
School County (REQUIRED)* <input type="text"/>	School Name (REQUIRED)* <input type="text"/>					
Student ID (REQUIRED)* <input type="text"/>	Date of Birth (REQ.)* (MONTH) (DAY) (YEAR)		Grade (SY 24-25)			
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
At any point this school year, participated in Food and Nutrition Services (FNS/food stamps): <input type="checkbox"/> TANF (WorkFirst/cash assistance): <input type="checkbox"/> <i>(only check a box if Student 3 is associated with a case)</i>						
If your child participates in one of the above programs, enter the case number here: <input type="text"/> <i>N/A if Student 3 does not participate)</i>						
Ethnicity (Optional, check one): <input type="checkbox"/> Hispanic or Latino (regardless of race) <input type="checkbox"/> Not Hispanic or Latino						
Race (Optional, check one or more): <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White						

"Migrant" refers to children moving to join guardians seeking temporary agricultural / fishing employment due to economic necessity.

STEP 2: List ALL other household members and income for each member (before taxes and deductions). **YOUR APPLICATION CANNOT BE PROCESSED WITHOUT THIS INFORMATION.**

List ALL Household Members (including yourself and students from Step 1 even if they do not receive income. For each Household Member listed, if they receive income, report total gross income (before taxes and deductions) for each income source. If they do not receive income from any source, write '0'. This step is to understand how much your household makes each year. If your income changes week to week or month to month, enter numbers that are representative (average) for the year.

Full Names of Household Members
(First & Last) (REQUIRED)

	Earnings from Work	How often received?						Hours per Week	Public Assistance, Child Support, Alimony	How often received?				Pensions, Retirement, Social Security, SSI, VA Benefits, All Other	How often received?			
		Weekly	Every 2Weeks	2xMonth	Monthly	Annual	Hourly			Weekly	Every 2Weeks	2xMonth	Monthly		Weekly	Every 2Weeks	2xMonth	Monthly
	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

STEP 3: This address and contact information will be used to mail your card and contact you about your application. Your application is not complete without the items below.

"I certify (promise) that all information furnished in the application is true and correct, that the application is being made in connection with the receipt of Federal funds, that State officials may verify the information on the application, and that deliberate misrepresentation of the information may subject me to prosecution under applicable State and Federal criminal statutes. I am not receiving SUN Bucks benefits in another State or Indian Tribal Organization."

<input type="text"/>		<input type="text"/>			<input type="text"/>	
Signature of Adult (REQUIRED)		Print Name of Adult Signing the Form (FULL NAME REQUIRED)			Today's Date (REQUIRED)*	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Mailing Address (REQUIRED if applicant has a stable address)	City	State	Zip	Phone (REQUIRED)*	Email (REQUIRED)*	
Check if homeless / no stable address*: <input type="checkbox"/>	If no stable address, what county do you live in? If approved, your card will be sent to this county's DSS office (N/A if address was filled out above):			<input type="text"/>		

Non-Discrimination Statement: In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, religion, sex, gender identity (including gender expression), sexual orientation, 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 responsible Agency or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339. 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 http://www.ascr.usda.gov/complaint_filing_cust.html 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, Washington, D.C. 20250-9410; (2) fax: (202) 690-7442; or (3) email: program.intake@usda.gov. USDA is an equal opportunity provider, employer, and lender.

TO RETURN YOUR APPLICATION:
Email: Scan or photograph and email to DCFWSUNBucks@dhhs.nc.gov
Mail: Mail to Attn: SUN Bucks, 2416 Mail Service Center, Raleigh, NC, 27699-2416
DO NOT return application to your school. They will not process or mail your application.

Information Use and Disclosure: 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.

Categorical Eligibility Statement: Foster, migrant, homeless, and runaway children and children enrolled in a Head Start program are categorically eligible for SUN Bucks.

Authorized Representative: A non-household member may be designated as the authorized representative for application processing purposes if an applicant has difficulty completing the application process.