



Missouri SuN Bucks (Summer EBT) Application

IMPORTANT: Applications received after August 31, 2025, will be used to determine eligibility for Summer 2026 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 eligible for free and reduced-price meals 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: healthytogether.co/onboarding/missouri-sun-bucks 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 black pen. 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, 2025 – August 31, 2025. Applications received between July 1, 2025 - August 31, 2025, will be used to determine eligibility for the summers of 2025 and 2026.

STEP 1: If any member of your household receives SNAP or TA, provide the name and case number (DCN) or identifier for the person who receives benefits below:

Last Name, First name:	DOB:	DCN or last 4 of SSN (optional):
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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 (e.g. Springfield Public Schools), provide the name of the building (e.g. Beulah Ralph Elementary), city, county of residence. List yourself first.

Last Name, Legal First Name	Date of Birth	Gender (optional)	DCN or 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"/> Runaway <input type="checkbox"/> Check if NO income	
School District		School Building Name		City	County
Last Name, Legal First Name	Date of Birth	Gender (optional)	DCN or 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"/> Runaway <input type="checkbox"/> Check if NO income	
School District		School Building Name		City	County
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School District		School Building Name		City	County
Last Name, Legal First Name	Date of Birth	Gender (optional)	DCN or 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"/> Runaway <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	DCN or Last 4 of 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	DCN or Last 4 of 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	DCN or Last 4 of 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	DCN or Last 4 of 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 SuN Bucks benefits, provide interview assistance, get notices, report changes, and make inquiries regarding SuN Bucks benefits. 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 affirm that none of the Children on this application have already been approved or received SEBT in Missouri or in another state or Indian Tribal Organization (ITO). 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 (Street or PO Box)	City	Zip	Email:	Phone # Type: <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell

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.

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.

USDA NON-DISCRIMINATION 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), religious creed, disability, age, political beliefs, 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 agency (state or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may 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 (833) 620-1071, 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:

Mail: Food and Nutrition Service, USDA 1320 Braddock Place, Room 334 Alexandria, VA 22314	Email: FNSCIVILRIGHTSCOMPLAINTS@usda.gov	Fax: (833) 256-1665 or (202) 690-7442
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This institution is an equal opportunity provider.

If you are a Veteran in the state of Missouri and are interested in learning more about benefits and resources available to you and your dependents, visit: <https://mvc.dps.mo.gov/MoVeteransInformation/Survey/DSS>

OR scan the QR code.



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