STATE OF HAWAII - DEPARTMENT OF HUMAN SERVICES
Benefit, Employment and Support Services Division

20__ SUN BUCKS APPLICATION

Complete one application per household. Please use a pen (not a pencil).

Application # _____

How to Complete Application

This form is to apply for SUN Bucks. A non-household member may be designated as your authorized representative for completing this application on your household's behalf.
You may also opt to submit an online application at sunbucks.dhs.hawaii.gov.
• Application should be legible, accurate, and complete. Any errors found could deem the application incomplete or delay processing.
• Include ALL Household Members on your application. A **Household Member** is defined as "anyone who is living with you and shares income and expenses, even if not related."

STEP 1: LIST ALL CHILDREN IN HOUSEHOLD

List all children ages 18 and younger; infants/toddlers, children not in school, and elementary/middle/high school students that live in your household. They do not have to be related to you to be a part of your household.

STEP 1A. Child's Legal Name (First, Middle Initial (MI), Last)
• Clearly print child's legal name, including middle initial if applicable.
• Avoid using nicknames.
• One child per line, If there are more than 4 children in household please attach a separate sheet with all required information for additional children.
• Do NOT list unborn children. You may submit a new application once the child is born.

STEPS 1B - 1G are optional and **not required** for submitting an application. The SUN Bucks program may be in contact with you to obtain this information before making a eligbility determination.

STEP 1B. Birthdate
• List student's correct date of birth; MM/DD/YYYY

STEP 1C. NSLP Student
• An NSLP Student is a child who is enrolled in a DOE school, or Charter school that participates in the National School Lunch Program.
• Check 'NO' if the child attends a non-NSLP charter school or a private school.
• Check 'NO' if the child is currently not enrolled at school even if you intend to enroll the child at a later date.

STEP 1D. Grade
• List the enrolled grade level of child

STEP 1E. Name of School
• List the name of the school the child is enrolled in

STEP 1F. A **Foster Child** is defined as a minor child who has been taken into state custody and formally placed with a state-licensed facility, person(s) or relative to care for the child in place of their parent or legal guardian.
NOTE: Adopted children are not considered foster children.

STEP 1G. Migrant, Homeless or Runaway status must be determined by one of the following:
• A child is determined as **Migrant** by an official of the DOE's Migrant Education Program (MEP).
• A child is determined as **Homeless** or **Runaway** by the DOE's Homeless Concerns coordinator.

STEP 2: HOUSEHOLD PARTICIPATION IN SNAP OR TANF

If you or anyone in your household currently participates in one of the following assistance programs listed below, your children are eligible for SUN Bucks
• The Supplemental Nutrition Assistance Program (SNAP)
• Temporary Assistance for Needy Families (TANF)

STEP 3. REPORT INCOME FOR ALL HOUSEHOLD MEMBERS

DO NOT report the cash value of any public assistance benefits NOT listed on the chart.

STEP 4. SIGNATURE AND CONTACT INFORMATION

All applications MUST be signed by an adult Household Member. By completing and signing this section, the signee certifes the information provided is truthfully and completely reported. They certify that they have read and understand the privacy and civil rights statements on the back of this application.
Contact information is optional. Contact information provided may be used by determining agency to attain additional information in order to effectively process your application.

STEP 1 List ALL children, infants, and students up to and including grade 12. Attach another sheet of paper if you need space for more names.

List ALL children in the household, including infants, toddlers, children not in school, and students in elementary/middle/high school that live in household.

A. Child's Legal Name First Name MI Last Name	B. Birthdate MM/DD/YYYY	C. NSLP Student Yes	 No	D.Grade	E. Name of the School	Check any that apply Foster Child	 Migrant	 Homeless	 Runaway
		☐	☐			☐	☐	☐	☐
		☐	☐			☐	☐	☐	☐
		☐	☐			☐	☐	☐	☐
		☐	☐			☐	☐	☐	☐

Refer to Instructions; STEP 1F & STEP 1G

STEP 2 Do any household members (including you) participate in SNAP or TANF?

☐ **YES** > Write case number here and proceed to STEP 4 **CASE NUMBER (NOT EBT NUMBER)** _____ Write only one case number in this space

☐ **NO >** Continue to STEP 3.

☐ **Unknown**

STEP 3 Report Income for ALL Household Members (Skip this step if you answered "Yes" to Step 2)

A. All Adult Household Members (including yourself)
List all Household Members **not** listed in Step 1 (including yourself) **even if they do not receive income**. For each Household Member listed with income, report total gross income (before taxes) for each source in whole dollars (no cents) only. If they do not receive income from any source, write '0' or leave fields blank. By leaving the field blank you are certifying that there is no income to report.

Name of Adult Household Members (First and Last)	Earnings from Work	How Often Received? Weekly	Every 2 Weeks	2x Month	Monthly	Annual	Public Assistance, Child Support, Alimony	How Often Received? Weekly	Every 2 Weeks	2x Month	Monthly	Pensions, Retirement, Social Secuirty, SSI, VA Benefits, All Other	How Often Received? Weekly	Every 2 Weeks	2x Month	Monthly
	$	☐	☐	☐	☐	☐	$	☐	☐	☐	☐	$	☐	☐	☐	☐
	$	☐	☐	☐	☐	☐	$	☐	☐	☐	☐	$	☐	☐	☐	☐
	$	☐	☐	☐	☐	☐	$	☐	☐	☐	☐	$	☐	☐	☐	☐
	$	☐	☐	☐	☐	☐	$	☐	☐	☐	☐	$	☐	☐	☐	☐

Total Household Members (Children and Adults) ☐

B. Child Income
Sometimes children in the household earn or receive income.
Include the TOTAL combined income (before taxes and deductions) received by ALL children in STEP 1 here.

Child Income	How Often Received? Weekly	Every 2 Weeks	2x Month	Monthly	Annual
$	☐	☐	☐	☐	☐

If you are unsure of what income to include for STEP 3, review the Sources of Income chart on the back of this application.

STEP 4 Adult signature and contact information

" I certify (promise) that all information on this application is true and that all income is reported, that I am not already receiving Summer EBT or SUN Bucks from another State, and if our household intends to move, or has recently moved, we should apply for benefits in the State where my child will complete or completed the school year immediately preceding this summer operational period. I understand that this information is given in connection with the receipt of Federal funds, and that DHS may verify (check) the information. I am aware that if I purposely give false information, my children may lose SUN Bucks benefits, and I may be prosecuted under applicable State and Federal laws *(see **Penalty Warning** on page 2)* ."

Print Name of Adult Signing the Form	Signature of Adult	Today's Date

Mailing Address (if available)	City	State	Zip Code	Primary Phone (optional)	Primary Email (optional)

☐ By checking this box, I confirm that I would like to opt-in to receive text and emails about my application and related notifications and have read and understand and agree to the Message Terms of Service and the SUN Bucks SMS Privacy Policy available at: https://sunbucks.dhs.hawaii.gov/

SOURCES AND EXAMPLES OF INCOME

Source of Income			Examples of Income for Children
Earnings from Work	**Public Assistance/Alimony/Child Support**	**Pensions/Retirement/All Other sources of inc**	• A child has a regular full or part-time job where they earn a salary or wages.
• Salary, wages, cash bonuses, tips, commissions. • Net income from self employment (farm or business) If you are in the U.S. Military • Base Pay • BAS • BAH* • COLA • Cash Bonuses • Do NOT include combat pay or FSSA *Do NOT include BAH if you are living in privatized housing (on-post)	• Unemployment benefits • Worker's Compensation • Supplemental Security Income (SSI) • Cash assistance from the State or Federal government • Alimony payments • Child Support payments • Veteran's benefits • Strike benefits • Adoption Assistance payments	• Social Security (including railroad retirement and black lung benefits) • Private pensions or disability benefits • Regular income from trusts or estates • Annuities • Investment income • Earned interest • Net Rental income • Regular cash payments from outside household • Cash withdrawn from savings	• A child is blind or disabled and receives Social Security benefits. • A parent is disabled, retired, or deceased, and their child receives Social Security benefits. • A friend or extended family member regularly gives the child spending money. • A child receives regular income from a private pension, fund, annuity or trust.

OPTIONAL — Children's ethnic and racial identities. This information is kept confidential and may be protected by the Privacy Act of 1974

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 free or reduced price meals.

Ethnicity (check one): ☐ Hispanic or Latino (A person of Cuban, Mexican, Puerto Rican, South and Central American, or other Spanish Culture or origin, regardless of race) ☐ Not Hispanic or Latino

Race (check one or more): ☐ American Indian or Alaska Native ☐ Asian ☐ Black or African American ☐ Native Hawaiian or Other Pacific Islander ☐ White

Use of Information Statement

The Richard B. Russell National School Lunch Act requires that we use information from this application to see who qualifies for SUN Bucks/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.

The contact information below is solely to file a complaint of discrimination

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:

*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

EMAIL: program.intake@usda.gov

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

This institution is an equal opportunity provider.

FEDERAL INCOME ELIGIBILITY GUIDELINES

To be considered income eligible, your households total gross income must be at or below the following income limits based on your household size:

FEDERAL INCOME ELIGIBILITY GUIDELINES EFFECTIVE JULY 1, 2026

Household Size	Yearly	Monthly	Weekly		Household Size	Yearly	Monthly	Weekly
1	$33,966	$2,831	$654		5	$82,288	$6,858	$1,583
2	$46,047	$3,838	$886		6	$94,369	$7,865	$1,815
3	$58,127	$4,844	$1,118		7	$106,449	$8,871	$2,048
4	$70,208	$5,851	$1,351		8	$118,530	$9,878	$2,280
	For each additional person:					$12,081	$1,007	$233

Mail completed application to: DHS/BESSD SUN Bucks Program, PO BOX 3144, Honolulu, HI 96813. Do not mail, fax, or email completed applications to the U.S. Department of Agriculture.

PENALTY WARNING

- **Do not make any false statements or hide any information. Sanctions and court prosecution may be pursued under applicable state and federal laws.**
- **Do not do anything dishonest to get SUN Bucks benefits which you are not supposed to get.**
- **Do not give, trade, or sell your SUN Bucks benefits to anyone else.**
- **Do not alter or use someone else's SUN Bucks for your household.**
- **Do not use your SUN Bucks benefits to buy ineligible items such as alcoholic drinks and tobacco.**

Any household or family member who intentionally breaks SUN Bucks rules, can be fined up to $250,000, imprisoned for up to 20 years or both. A member of your household can be barred from SUN Bucks for one year for the first violation; two years for a second violation and permanently for the third or any subsequent violation and an additional 18 months if court ordered. The individual may also be subject to further prosecution under other applicable federal laws. A member convicted of using or receiving SUN Bucks benefits in a transaction involving the sale of firearms, ammunition or explosives is permanently ineligible to participate in SUN Bucks. Individuals convicted of trafficking SUN Bucks benefits of $500 or more are permanently ineligible. Individuals found guilty to have used or received SUN Bucks benefits in a transaction involving the sale of controlled substance are ineligible to participate for two years for first violation and permanently for the second violation.