SUN BUCKS (SUMMER EBT) APPLICATION INSTRUCTIONS

Have Questions or Need Help? Call 1-866-843-7212 or Email DHSS_DSS_SummerEBT@delaware.gov

Return Instructions
You must return your application by August 31, 2026. You can return your application online or by email, mail, or drop-off at a Division of Social Services office.

Online:	assist.dhss.delaware.gov	**Email:**	DHSS_DSS_SummerEBT@delaware.gov
Mail:	Division of Social Services Attn: SUN Bucks, Lewis Bldg. P.O. Box 906, New Castle, DE 19720	**Drop-off:**	Find a Division of Social Services office at: dhss.delaware.gov/dhss/dss/ofclocations.html

Contact Information

Phone:	1-866-843-7212 (8:00 AM – 4:30 PM, Monday – Friday) Español, Kreyòl, العربية, 中文, or other languages: 1-866-843-7212 TTY at 711 or 1-800-232-5460 for English or 1-877-335-7595 for Spanish	**Email:**	DHSS_DSS_SummerEBT@delaware.gov
Website:	DSS: dhss.delaware.gov/dhss/dss/ USDA: www.fns.usda.gov/summer/sunbucks	**Apply Online:**	assist.dhss.delaware.gov

SUN Bucks (Summer EBT) Eligibility Rules

Most families eligible for SUN Bucks don't need to apply. They will get benefits automatically.

You DON'T need to apply if your school-age child:
- Gets SNAP (food benefits) or TANF (cash assistance).
- Gets a type of Medicaid that is income-tested, and your household's income is within the limits for free or reduced-price school meals (185% of the federal poverty level).
- Gets free or reduced-price meals because you completed a school meal application and were approved.
- Has the status of being in foster care, homeless, a migrant, a runaway, or in Head Start, and is enrolled in a school participating in the National School Lunch Program.

These groups of children will get benefits automatically. You DON'T need to fill out a SUN Bucks application.

If your child does not get benefits automatically, you may be able to get SUN Bucks by filling out this application.
- You only need to submit one application per household.
- Please complete all sections of the application. You must provide the information marked with an asterisk (∗) for us to process your application.
- Please use a pen to fill out the application and print clearly.

- **You do not need to be a U.S. citizen to apply and qualify for SUN Bucks.**
- **Applying for or receiving SUN Bucks does NOT affect the immigration status of your children or family.**
- **A Social Security Number is optional, and you can apply even if you do not have one.**
- **Race and ethnicity information is optional and does not affect your eligibility. We collect this information to make sure we are fully serving our community.**

You must meet the following rules to qualify for SUN Bucks through an application:
1. Your child must be enrolled in a Delaware school that participates in the National School Lunch Program.
2. Your household's combined income must be at or below the SUN Bucks income limit for your household size.
3. You must submit a complete and signed SUN Bucks application by the deadline.
4. You must provide proof of your household's information if we request it.

SUN Bucks Income Limit 185% of the Federal Poverty Level Effective from July 1, 2025 to June 30, 2026					
Household Size	Annually	Monthly	Twice per Month	Every Two Weeks	Weekly
1	$28,953	$2,413	$1,207	$1,114	$557
2	$39,128	$3,261	$1,631	$1,505	$753
3	$49,303	$4,109	$2,055	$1,897	$949
4	$59,478	$4,957	$2,479	$2,288	$1,144
5	$69,653	$5,805	$2,903	$2,679	$1,340
6	$79,828	$6,653	$3,327	$3,071	$1,536
7	$90,003	$7,501	$3,751	$3,462	$1,731
8	$100,178	$8,349	$4,175	$3,853	$1,927
For each additional person, add:	$10,175	$848	$424	$392	$196

DELAWARE SUN BUCKS APPLICATION – SUMMER EBT 2026

Application Deadline: August 31, 2026

Apply online or return this application to assist.dhss.delaware.gov.

Please complete one application including everyone in your household. Please fill in all sections. * Required information.

STEP 1	**Primary Parent/Guardian Information**
	Please tell us who is the primary parent or guardian of this household. This person will receive the SUN Bucks card and notices if your household is eligible.

First Name *		Middle Initial	Last Name *		Suffix	Birth Date MM/DD/YYYY

Sex ☐ Female ☐ Male	Social Security Number	MCI Number	Race ☐ American Indian or Alaska Native ☐ Asian ☐ Black or African American ☐ Native Hawaiian or Other Pacific Islander ☐ White	Ethnicity ☐ Hispanic ☐ Non-Hispanic

STEP 2	**Household Information**
	Please enter your address. This is where we will mail the SUN Bucks card and notices. If you do not have a permanent address, you can enter the address where you receive mail.

Address	City	State	Zip

Primary Phone Number	Secondary Phone Number	Email

What is your language preference for notices and letters? ☐ English ☐ Spanish	What is your preferred method of communication? ☐ Email ☐ Primary phone number ☐ Mail ☐ Secondary phone number	Is anyone in your household receiving SNAP (food benefits), TANF (cash assistance), or Medicaid? ☐ No ☐ Yes Case Number:

STEP 3	**Student Information - School Year 2025-2026** (Please attach another sheet of paper if you need to add more students.)
	Please enter the information for each student in your household who was enrolled in Pre-K through Grade 12 at a Delaware school during school year 2025-2026.

Student 1

First Name *		Middle Initial	Last Name *		Suffix	Birth Date MM/DD/YYYY

Sex ☐ Female ☐ Male	Social Security Number	MCI Number	Race ☐ American Indian or Alaska Native ☐ Asian ☐ Black or African American ☐ Native Hawaiian or Other Pacific Islander ☐ White	Ethnicity ☐ Hispanic ☐ Non-Hispanic

Check any status that applies: ☐ Foster Child ☐ Homeless ☐ Runaway ☐ Migrant	Grade	Student ID	School District	School Name

Student 2

First Name *		Middle Initial	Last Name *		Suffix	Birth Date MM/DD/YYYY

Sex ☐ Female ☐ Male	Social Security Number	MCI Number	Race ☐ American Indian or Alaska Native ☐ Asian ☐ Black or African American ☐ Native Hawaiian or Other Pacific Islander ☐ White	Ethnicity ☐ Hispanic ☐ Non-Hispanic

Check any status that applies: ☐ Foster Child ☐ Homeless ☐ Runaway ☐ Migrant	Grade	Student ID	School District	School Name

Student 3	First Name *		Middle Initial	Last Name *		Suffix	Birth Date MM/DD/YYYY

Sex ☐ Female ☐ Male	Social Security Number	MCI Number		Race ☐ American Indian or Alaska Native ☐ Asian ☐ Black or African American ☐ Native Hawaiian or Other Pacific Islander ☐ White			Ethnicity ☐ Hispanic ☐ Non-Hispanic

Check any status that applies: ☐ Foster Child ☐ Homeless ☐ Runaway ☐ Migrant	Grade	Student ID	School District		School Name	

Student 4	First Name *		Middle Initial	Last Name *		Suffix	Birth Date MM/DD/YYYY

Sex ☐ Female ☐ Male	Social Security Number	MCI Number		Race ☐ American Indian or Alaska Native ☐ Asian ☐ Black or African American ☐ Native Hawaiian or Other Pacific Islander ☐ White			Ethnicity ☐ Hispanic ☐ Non-Hispanic

Check any status that applies: ☐ Foster Child ☐ Homeless ☐ Runaway ☐ Migrant	Grade	Student ID	School District		School Name	

STEP 4	**Additional Household Members** (Please attach another sheet of paper if you need to add more people to your household.) Please enter the information for other adults and children living in your household. Include everyone living with you who shares income and expenses, even if they are not related to you or are temporarily away from home. Include children who are not students at a Delaware school in this section.

Person 1	First Name *		Middle Initial	Last Name *		Suffix	Birth Date MM/DD/YYYY

Sex ☐ Female ☐ Male	Social Security Number	MCI Number		Race ☐ American Indian or Alaska Native ☐ Asian ☐ Black or African American ☐ Native Hawaiian or Other Pacific Islander ☐ White			Ethnicity ☐ Hispanic ☐ Non-Hispanic

Person 2	First Name *		Middle Initial	Last Name *		Suffix	Birth Date MM/DD/YYYY

Sex ☐ Female ☐ Male	Social Security Number	MCI Number		Race ☐ American Indian or Alaska Native ☐ Asian ☐ Black or African American ☐ Native Hawaiian or Other Pacific Islander ☐ White			Ethnicity ☐ Hispanic ☐ Non-Hispanic

Person 3	First Name *		Middle Initial	Last Name *		Suffix	Birth Date MM/DD/YYYY

Sex ☐ Female ☐ Male	Social Security Number	MCI Number		Race ☐ American Indian or Alaska Native ☐ Asian ☐ Black or African American ☐ Native Hawaiian or Other Pacific Islander ☐ White			Ethnicity ☐ Hispanic ☐ Non-Hispanic

Person 4	First Name *		Middle Initial	Last Name *		Suffix	Birth Date MM/DD/YYYY

Sex ☐ Female ☐ Male	Social Security Number	MCI Number		Race ☐ American Indian or Alaska Native ☐ Asian ☐ Black or African American ☐ Native Hawaiian or Other Pacific Islander ☐ White			Ethnicity ☐ Hispanic ☐ Non-Hispanic

Person 5	First Name *		Middle Initial	Last Name *		Suffix	Birth Date MM/DD/YYYY

Sex ☐ Female ☐ Male	Social Security Number	MCI Number		Race ☐ American Indian or Alaska Native ☐ Asian ☐ Black or African American ☐ Native Hawaiian or Other Pacific Islander ☐ White			Ethnicity ☐ Hispanic ☐ Non-Hispanic

STEP 5	**Household Income** (Please attach another sheet of paper if you need to add more income.) You must tell us about all the income received by everyone in your household. **Enter the gross amount of income before taxes or deductions.** Enter a "0" in any box where there is no income to report. If you write "0" or leave any fields blank, you are certifying (promising) that there is no income to report.					
Name of person receiving income * First Name, Last Name	**Earnings from Work** * Enter salaries, wages, cash bonuses, tips, commissions, self-employment income	**How often received?** *	**Public Assistance, Child Support, Alimony** * Enter unemployment benefits, workers' compensation, cash assistance, veteran's benefits, strike benefits, Supplemental Security Income (SSI), alimony, child support	**How often received?** *	**Pensions, Retirement, All Other** * Enter Social Security/Disability, private pensions, disability benefits, income from trusts or estates, annuities, investment income, interest income, rental income, other money or payments to your household	**How often received?** *
	Source: Amount $:	☐ Weekly ☐ Bi-weekly ☐ 2x Month ☐ Monthly ☐ Annually	Source: Amount $:	☐ Weekly ☐ Bi-weekly ☐ 2x Month ☐ Monthly ☐ Annually	Source: Amount $:	☐ Weekly ☐ Bi-weekly ☐ 2x Month ☐ Monthly ☐ Annually
	Source: Amount $:	☐ Weekly ☐ Bi-weekly ☐ 2x Month ☐ Monthly ☐ Annually	Source: Amount $:	☐ Weekly ☐ Bi-weekly ☐ 2x Month ☐ Monthly ☐ Annually	Source: Amount $:	☐ Weekly ☐ Bi-weekly ☐ 2x Month ☐ Monthly ☐ Annually
	Source: Amount $:	☐ Weekly ☐ Bi-weekly ☐ 2x Month ☐ Monthly ☐ Annually	Source: Amount $:	☐ Weekly ☐ Bi-weekly ☐ 2x Month ☐ Monthly ☐ Annually	Source: Amount $:	☐ Weekly ☐ Bi-weekly ☐ 2x Month ☐ Monthly ☐ Annually
	Source: Amount $:	☐ Weekly ☐ Bi-weekly ☐ 2x Month ☐ Monthly ☐ Annually	Source: Amount $:	☐ Weekly ☐ Bi-weekly ☐ 2x Month ☐ Monthly ☐ Annually	Source: Amount $:	☐ Weekly ☐ Bi-weekly ☐ 2x Month ☐ Monthly ☐ Annually
	Source: Amount $:	☐ Weekly ☐ Bi-weekly ☐ 2x Month ☐ Monthly ☐ Annually	Source: Amount $:	☐ Weekly ☐ Bi-weekly ☐ 2x Month ☐ Monthly ☐ Annually	Source: Amount $:	☐ Weekly ☐ Bi-weekly ☐ 2x Month ☐ Monthly ☐ Annually
	Source: Amount $:	☐ Weekly ☐ Bi-weekly ☐ 2x Month ☐ Monthly ☐ Annually	Source: Amount $:	☐ Weekly ☐ Bi-weekly ☐ 2x Month ☐ Monthly ☐ Annually	Source: Amount $:	☐ Weekly ☐ Bi-weekly ☐ 2x Month ☐ Monthly ☐ Annually
	Source: Amount $:	☐ Weekly ☐ Bi-weekly ☐ 2x Month ☐ Monthly ☐ Annually	Source: Amount $:	☐ Weekly ☐ Bi-weekly ☐ 2x Month ☐ Monthly ☐ Annually	Source: Amount $:	☐ Weekly ☐ Bi-weekly ☐ 2x Month ☐ Monthly ☐ Annually

STEP 6	**Authorized Representative Consent (Optional)** You may have someone who is not in your household help you fill out this application. This person must be age 18 or older. You give permission for the person listed below to apply for benefits, report changes, and make inquiries for your household for SUN Bucks.

First Name | **Middle Initial** | **Last Name** | **Suffix** | **Birth Date** MM/DD/YYYY

Address | **City** | **State** | **Zip**

Primary Phone Number | **Secondary Phone Number** | **Email**

STEP 7	Rights and Responsibilities

If your family plans to move or has recently moved, you should apply for SUN Bucks (Summer EBT) in the state where your child will complete the school year immediately before the summer period. If we have confirmed that your child is not enrolled in a Delaware school and moved to another state, your child will not be eligible for SUN Bucks in Delaware.

You may have someone who is not in your household help you fill out the application. This is called an authorized representative. With your permission, your authorized representative may complete, sign, and submit the application for you. You can add, change, or remove an authorized representative at any time by contacting us.

The Richard B. Russell National School Lunch Act requires that we use information from this application to determine who qualifies for SUN Bucks 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 SUN Bucks without an application. Please contact your State or Indian Tribal Organization (ITO) to get SUN Bucks for a foster child, and children who are homeless, migrant, or runaway.

Some information you give us may be checked using electronic sources. By completing this application, you agree that Delaware Health and Social Services may use these electronic sources to see if you are eligible.

Information we collect about you is private. Only people who have the need and legal right may see your information. To learn how the Division of Social Services uses and discloses your personal information, visit https://www.dhss.delaware.gov/dhss/dss/regs.html to view our privacy notice.

You have the right to a fair hearing if you do not agree with a decision or action we take on your SUN Bucks application. You have until 90 days after the summer period to request a hearing.

USDA Nondiscrimination Statement (The contact information below is for civil rights complaints only. See page 1 for instructions on how to return your application.)
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 https://www.usda.gov/sites/default/files/documents/ad-3027.pdf 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.
USDA is an equal opportunity provider, employer, and lender.

STEP 8	Certification Statement and Signature

- I certify (promise) that all information on this application is true and correct and that all income is reported.
- I understand that I may have to give more information or proof of my household's circumstances.
- I confirm that my household is not already receiving SUN Bucks (Summer EBT) in Delaware or another state.
- I understand that this information is given in connection with the receipt of federal funds, and that State officials may verify (confirm) the information.
- I am aware that if I purposefully give false information, my children may lose SUN Bucks (Summer EBT) benefits, and I may be prosecuted under applicable State and Federal laws.
- I have read and understand the Certification Statement and Rights and Responsibilities and agree to these terms.

REQUIRED SIGNATURE You must sign to complete your application.	_____ Parent/Guardian Signature *	_____ Parent/Guardian Printed Name *	_____ Date *
Authorized Representative Signature (Optional)	**If you have an authorized representative, they must sign here.** _____ Authorized Representative Signature	_____ Authorized Representative Printed Name	_____ Date