



# Massachusetts 2026 SUN Bucks Benefits Application



<b>How do I apply for SUN Bucks Benefits?</b>
<ul style="list-style-type: none"> <li>• Apply online at <a href="http://www.DTAConnect.com">www.DTAConnect.com</a></li> </ul>
<ul style="list-style-type: none"> <li>• Mail to: <b>PB - SUN Bucks</b>  <b>P.O. Box 405</b>  <b>East Boston, MA 02128</b></li> </ul>

**SUN Bucks** is a new federal program that provides money for food during the summer to families with school-aged children in Massachusetts.

**SUN Bucks** is an income-based eligibility program. To see if your family may be eligible for SUN Bucks 2026, please follow the steps below. We will send a confirmation letter that we received your application, but we will send a decision notice before the end of the 2025-2026 school year.

**First, calculate your household’s ANNUAL income.** Make sure to include all income sources, including work, public assistance, child support, alimony, pensions, retirement, Social Security, Supplemental Security Income (SSI), unemployment insurance, veteran’s benefits, and child income. Use gross income, before any deductions for taxes, insurance, medical expenses, child support, etc.

**Second, identify the total number of people in your household in the table below.** Count all children and adults, related and unrelated, that live in your household and share income and expenses.

**Third, follow the arrow from the number of people to the gross incomes that qualify. If your household income is in the listed range for the number of people in your household, check the box and complete the form.** Your household must meet the income requirements for your household size in order to be identified as SUN Bucks eligible. For example, a household with one adult and two children (three total people) and an income of \$40,000 would qualify because their income is between \$0 and \$49,303.

**Income eligibility guidelines for applications received on or after 7/1/2025:**

# people in household	If your household income is in this range...	then check this box.
2 →	\$0 - \$39,128 →	<input type="checkbox"/>
3 →	\$0 - \$49,303 →	<input type="checkbox"/>
4 →	\$0 - \$59,478 →	<input type="checkbox"/>
5 →	\$0 - \$69,653 →	<input type="checkbox"/>
6 →	\$0 - \$79,828 →	<input type="checkbox"/>
7 →	\$0 - \$90,003 →	<input type="checkbox"/>
8 →	\$0 - \$100,178 →	<input type="checkbox"/>

**Income eligibility guidelines for applications received on or after 7/1/2026:**

# people in household	If your household income is in this range...	then check this box.
2 →	\$0 - \$40,034 →	<input type="checkbox"/>
3 →	\$0 - \$50,542 →	<input type="checkbox"/>
4 →	\$0 - \$61,050 →	<input type="checkbox"/>
5 →	\$0 - \$71,558 →	<input type="checkbox"/>
6 →	\$0 - \$82,066 →	<input type="checkbox"/>
7 →	\$0 - \$92,574 →	<input type="checkbox"/>
8 →	\$0 - \$103,082 →	<input type="checkbox"/>

**If you believe your household would qualify for SUN Bucks, please complete this application.** Please note that SUN Bucks is not an application for free or reduced-price school meals, and this form will in no way impact your child’s access to free or reduced-price lunch and breakfast if your child already accesses these benefits.

To qualify for SUN Bucks, applications must be received by the last day of the summer period for the school year. For more details about the summer period, visit <http://www.mass.gov/sunbucks>.

**You do not need to complete this application if:**

- You have received a notice saying your child is already approved for free or reduced-price meals and/or
- You have received a SUN Bucks Welcome text/email from DTA

The information that families provide on this form will only be used to determine eligibility for SUN Bucks 2026 and may be kept for audit purposes.

Please follow the steps outlined below to complete the form and return it to **PB-SUN Bucks**. If you need assistance completing any portion of the form, please contact the SUN Bucks Hotline at 855-425-8770.

**Get More Funds for Food**

**DTA: SNAP benefits:** If you aren’t already, you might be able to get SNAP food benefits to help buy food year-round! A family of 3 can get up to \$768 a month. Visit [Mass.gov/SNAP](https://www.mass.gov/SNAP) to learn more and apply.

**DTA: Cash benefits:** If you have children and no or very low income, you may qualify for TAFDC case benefits. Visit [Mass.gov/How-to/Apply-for-TAFDC](https://www.mass.gov/How-to/Apply-for-TAFDC) to learn more and apply.

**DESE:** Summer Eats provides free meals in eligible areas to children ages 18 and under during summer months. Meals are often provided in the same place as educational and recreational activities. Find meal sites by visiting [ProjectBread.org/SummerEats](https://ProjectBread.org/SummerEats) or calling the Project Bread FoodSource Hotline at 800-645-8333. You can also call the FoodSource Hotline for information about other local food resources.

**WIC:** Monthly food benefit for households with children under 5 or pregnant person. With WIC you also get free nutrition education, breastfeeding support, and referrals to healthcare and other services. For more information and to apply at [Mass.gov/WIC](https://www.mass.gov/WIC) or call 800-942-1007



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**SUN Bucks Application Steps:**

1. Applicant Information
2. Contact Information
3. Household Information
4. Benefits and Income Information
5. Attestation and Signature

**1. Applicant Information**

This section will ask for information about the person submitting the application for the child(ren). If approved, a SUN Bucks card and all communication will be issued in the applicant’s name. The card will have benefits for all eligible school-aged children in the house.

**About Me: (Required)**

Last Name:	First Name:	Middle Name:
Date of Birth (Month/Day/Year):	Last 4 Digits of SSN*:	Check here if you do not have an SSN*: <input type="checkbox"/>

*\*Per federal regulations, families applying for SUN Bucks do not need to give SSN (only last 4 digits) or citizen status.*

**What language do you prefer to speak?**

Preferred language:

## 2. Contact information

Provide a current address. If approved, this is where the SUN Bucks card will be mailed.

*(Make sure your address is always current and update the Department if it changes, so you can get your SUN Bucks benefit on time.)*

Is your household homeless? YES                      NO		
Street Address:		
City:	State:	Zip Code:
Is this also your mailing address? YES                      NO, I use a different address for mail <i>(complete the following section if you answered NO)</i>		
Mailing Address (if different from physical address):		
City:	State:	Zip Code:

SUN Bucks benefits are available for use for the summer, so there is a limited time to use the funds.

Providing additional contact information like your **phone number and email address** will enable DTA to keep you informed of every step of the way through text messages and emails. For example, DTA can send you a text message when we mail you your SUN Bucks card, when we deposit your benefits, when your benefits are about to expire.

What is the best phone number to reach you?	Would you like to receive message alerts about your SUN Bucks application? YES                      NO
What is the best email to send notifications to?	Would you like to receive email notifications about your SUN Bucks application? YES                      NO

### 3. Household Information

In this section be sure to include all children and adults, related and unrelated that live in a single dwelling and share income and expenses. We will ask for information about the student(s) and others in the house. For example, family members, other children not in the school, an unmarried partner.

#### 3a. About student(s) in your household:

<b>To be completed by parent/guardians</b>		
<b>Student name (first &amp; last name) (Required)</b>	<b>About your student</b>	<b>Enter answer below</b>
	• Date of birth (MM/DD/YYYY)	
	• Grade	
	• School type (circle one)	<b>Public/Charter Private Homeschooled Not enrolled</b>
	• What city/town is the school in	
	• Name of school ( <b>Required</b> )	
	• SASID*	<b>10-</b>
	• Relationship to student	
	• Date of birth (MM/DD/YYYY)	
	• Grade	
	• School type (circle one)	<b>Public/Charter Private Homeschooled Not enrolled</b>
	• What city/town is the school in	
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	• What city/town is the school in	
	• Name of school ( <b>Required</b> )	
	• SASID*	<b>10-</b>
	• Relationship to student	

\* The SASID (State Assigned Student Identifier) is not required, but it will help find your child’s record quickly and check their school enrollment. This is a unique 10-digit number that starts with "10" and may be found on the student's report card or transcript.

**3b. About adults in your household:**

Please list any other adults in your household. If you are the only adult, leave this section blank.

First name (Required)	Last name (Required)	DOB (MM/DD/YYYY)	Gender

**4. Benefit and Income Information**

**4a. Benefit Information:**

If you or any members of your household receive **public benefits**, please complete this section.

Does anyone in your household receive <b>SNAP</b> benefits?	If <b>yes</b> , provide the Agency ID (Your Agency ID is the unique 8-digit number that is given to you by DTA to identify your case. It can be found on your DTA notices)
Does anyone in your household receive <b>TAFDC</b> benefits?	If <b>yes</b> , provide the Agency ID (Your Agency ID is the unique 8-digit number that is given to you by DTA to identify your case. It can be found on your DTA notices)
Does anyone in your household receive <b>MassHealth</b> benefits?	If <b>yes</b> , provide your Member ID (Your Member ID is the 12 digit-number starting with a ‘1’ that can be found on your MassHealth Member card or on notices sent to your household)
Has anyone in your household received <b>SUN Bucks (Summer EBT)</b> benefits before?	If <b>yes</b> , please provide the Case Number (Your Case Number is the unique 9-digit number that is given to you by DTA to identify your SUN Bucks (Summer EBT) case. It can be found on all your DTA notices)

**4b. Income Information:**

Households with an annual gross income at or below 185% of the Federal Poverty Line (FPL) may be eligible for SUN Bucks. For example, for a household of four people this translates to \$59,478 or less in School Year – SY25/26.

Does anyone in the household (including you) receive any **income**? (*Examples include wages, Unemployment Compensation, Child Support, Social Security, SSI, worker’s Compensation, Veteran’s Benefits, Pensions or Rental Income*) **(Required)**

Person with Income	Income Type	Gross Amount Per Month
	• Wages	
	• Self-Employment	
	• Other:	
	• Wages	
	• Self-Employment	
	• Other:	
	• Wages	
	• Self-Employment	
	• Other:	
	• Wages	
	• Self-Employment	
	• Other:	
	• Wages	
	• Self-Employment	
	• Other:	
	• Wages	
	• Self-Employment	
	• Other:	

**5. Attestation and Signature**

**DEPARTMENT OF TRANSITIONAL ASSISTANCE:  
SUN Bucks**

**Notice of Rights, Responsibilities and Penalties**

- This notice lists rights and responsibilities for SUN Bucks.
- Please read these pages and keep them for your records.
- Let DTA know if you have any questions.

**I understand that:**

- DTA manages the SUN Bucks program in Massachusetts in collaboration with the Department of Secondary and Elementary Education (DESE).

- The Richard B. Russell National School Lunch Act requires that DTA use information from this application to determine who qualifies for Summer EBT benefits.
  - By applying, I give DTA permission to verify my eligibility for benefits, including to get information from other state or federal agencies, local housing authorities and out-of-state welfare departments. I also give these agencies permission to share information about my household’s eligibility for SUN Bucks benefits.
- DTA may share my eligibility information with education, health, and nutrition programs to help them deliver program benefits to my household. Inspectors and law enforcement may also use my information to make sure that program rules are met.
- By applying, I give DTA permission to get information from and share information about me and members of my household with:
  - DESE so my children can get free school meals.
  - The Department of Children and Families (DCF) to coordinate services offered jointly by DTA and DCF, including automatically enrolling my child in SUN Bucks if eligible.
- Some children qualify for SUN Bucks without an application. Please contact your state to get SUN Bucks for a foster child or children who are homeless, migrant, or runaway.
- I have a right to a copy of my application, including the information that DTA uses to decide about my household’s eligibility and benefit amount. I can ask DTA for an electronic copy of the completed application.

**I also understand that:**

- giving false or misleading information is fraud,
- misrepresenting or withholding facts to get SUN Bucks benefits is fraud,
- fraud is considered an Intentional Program Violation (IPV), and
- if DTA thinks I committed fraud, DTA also can pursue civil and criminal penalties against me.

**Right to an Interpreter**

I understand that:

- I have a right to a free professional interpreter provided by DTA if I prefer to communicate in a language other than English.
- If I have a DTA hearing, I can ask DTA to give me a free professional interpreter, or if I prefer, I can bring someone to interpret for me. If I need DTA to give me an interpreter for a hearing, I must call the Division of Hearings at least one week before the hearing date.

**Right to Register to Vote**

I understand that:

- I have the right to register to vote through DTA.
- DTA will help me fill out the voter registration application form if I want help.
- I can fill out the voter registration application form in private.
- Applying to register or declining to register to vote will not affect my DTA benefits.

**Citizenship Status**

Receiving SUN Bucks does not affect you, your child or your family's immigration status and will not make you a public charge.

**Nondiscrimination Statement**

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) 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, sex, religious creed, disability, age, political beliefs, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

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 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 1-800-877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination:

Complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: <https://www.usda.gov/sites/default/files/documents/usda-program-discrimination-complaint-form.pdf>, and at any USDA office. You can ask for a copy of the complaint form by calling 1-866-632-9992; or

Write a letter addressed to USDA and put in the letter all of the information requested in the form.

Submit your completed form or letter 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; or

fax: 1-202-690-7442; or

email: [program.intake@usda.gov](mailto:program.intake@usda.gov)

This institution is an equal opportunity provider.

**Penalty Warning**

By signing this application, I certify (promise) that all information I provided is true and correct and that I am not receiving SUN Bucks in another state. I understand that my application is being made in connection with the receipt of Federal funds. I understand that the state may verify (check) the accuracy of information in this application. I am aware that if I purposely give false information, I may be prosecuted under applicable state and federal criminal laws.

- **I agree to the terms,**

**Sign your full name below**

**Date**

\_\_\_\_\_

\_\_\_\_\_