

Virginia SUN Bucks Household Application



VIRGINIA DEPARTMENT OF
SOCIAL SERVICES



Most eligible children will automatically be approved without an application. DO NOT APPLY IF:

- Your child applied for and receives free or reduced-priced meals at school OR
- Your family participates in SNAP, TANF, or an income-eligible Medical Assistance program

Step 1 Tell us a little bit about you.

Your First Name:		Your Middle Initial:		Your Last Name:	
OPTIONAL - Last 4 digits of your Social Security #:		OPTIONAL - Your Birthday (MM/DD/YY):		Email:	
Home Phone:		Cell Phone:		Other Phone:	
Physical Address:		City:		State:	
Mailing Address:		City:		State:	

Leave "Mailing Address" blank if your physical address and mailing address are the same

Step 2 Tell us a little bit about the children you are applying for.

Print the name of EACH STUDENT: (First, Middle Initial, Last)	Their School Division:	Their School:	Their Student ID:	Their Birthday: (MM/DD/YY)	Last 4 digits of their Social Security #	Check the applicable boxes if they are: foster, homeless, migrant, runaway			
Example: Emily M. Smith	Smyth County Public Schools	Marion Senior High	11111	05/07/11	1234	Foster	Homeless	Migrant	Runaway

Step 3 Tell us a little bit about your household.

Total number of people in your household:		Count all adults and children living in your household, even if you're not all related. A household is a group of people who live together and usually purchase and prepare meals together.
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Use the chart below to tell us about how much money each adult in your household makes or receives. The "from work" section should include money from working for a company, self-employment, or work completed as a contractor. Examples include running a daycare, driving for Uber or DoorDash, or working in retail. The section that references "public assistance, child support and alimony" includes unemployment benefits, veterans benefits, and other forms of cash assistance you might receive from the state or local government. The section that references "pensions, retirement, and all other sources of income" includes retirement benefits, disability benefits, investments, and any other cash payments you receive on a regular basis. All earnings should be reported by month and BEFORE Taxes. This amount should be greater than what shows up in your bank account. If someone does not make any money, write \$0 in each section.

Print the name of EACH ADULT: (First, Middle Initial, Last)	How much money do they make from work each month BEFORE TAXES?	How much money do they make from public assistance, child support or alimony each month BEFORE TAXES?	How much money do they make from pensions, retirements and all other sources each month BEFORE TAXES?
Example: Stephen R. Smith	\$1800	\$0	\$150

Sometimes children can make or receive money. Enter the total amount of money your children earn or get each month BEFORE taxes.

How much money do your children make each month BEFORE TAX?

Step 4 OPTIONAL: Tell us a little bit about your family's demographics.

Ethnicity:	Hispanic or Latino		Not Hispanic or Latino	
Race:		Please note, this section is OPTIONAL. VDSS is 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 this program. Additionally, participating in Virginia SUN Bucks will have no impact on current or future immigration status.		
American Indian or Alaskan Native				
Asian				
Black or African-American				
Native Hawaiian or Other Pacific Islander				
White				
Other				

Step 5 Sign and certify your application.

By signing below, you promise that all information on this application is true and that all income is reported. You also indicate that you understand this information is given in connection with the receipt of Federal funds, and that state officials may verify the information you provided. You are aware that if you purposely gave false information, your children may lose this benefit and you may be prosecuted under applicable State and Federal law.

Are you the legal parent or guardian of the children listed?	Yes		No	
Do you promise the information is correct and all income is reported?	Yes		No	
Your Signature:			Today's Date:	

More information about this program can be found at virginiasunbucks.com.

Mail complete applications to:

***Virginia Department of Social Services
Attn: Virginia SUN Bucks
5600 Cox Road
Glen Allen, VA, 23060.***

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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 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: US Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW Washington, DC 20250-9410 OR fax (833) 256-1665 or (202) 690-7442 OR email: program.intake@usda.gov