

# 2025-2026 Rhode Island Summer EBT/SUN Bucks Application

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

**Apply Online:** <https://dhs.ri.gov/programs-and-services/supplemental-nutrition-assistance-program-snap/supplemental-nutrition-10>

**STEP 1** List ALL children who are infants and students up to and including grade 12. If more spaces are required for additional names, attach another sheet of paper.

**Definition of Household Member:** "Anyone who is living with you and shares income and expenses, even if not related."  
  
Children in **Foster care** and children who meet the definition of **Homeless or Runaway** are eligible for S-EBT.

Child's First Name	MI	Child's Last Name	School	Grade	Student?		Foster	Head Start	Homeless or Runaway
					Yes	No			
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Check all that apply

**STEP 2** Do any household members (including you) currently participate in one or more of the following Assistance Programs: SNAP or RI Works?

If NO, > Go to STEP 3      If YES, a household member does participate in SNAP or RI Works, write a SNAP OR RI Works case number here and then go to STEP 4 Do not complete STEP 3.)

Case Number:

Write only one case number in this space.

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

Are you unsure what income to include here?  
  
Flip the page and review the charts titled "Sources of Income" for more information.  
  
The "Sources of Income for Children" chart will help you with the Child Income section.  
  
The "Sources of Income for Adults" chart will help you with the All Adult Household Members section.  
  
Note: Biweekly is Every 2 Weeks

**A. Child Income**  
Sometimes children in the household earn income. Please include the TOTAL gross income (before taxes and deductions) earned by all Child Household Members listed in STEP 1 here.

Child income  \$

**B. All Adult Household Members** (Anyone who is living with you and shares income and expenses, even if not related, including you.)  
List all Household Members not listed in STEP 1 (including yourself) even if they do not receive income. For each Household Member listed, if they do receive income, report total gross income (before taxes and deductions) for each source in whole dollars (no cents) only. If they do not receive income from any source, write '0'. If you enter '0' or leave any fields blank, you are certifying (promising) that there is no income to report.

Name of Adult Household Members (First & Last Name)	Earnings from Work	How often received?					Public Assistance/ Child Support/Alimony	How often received?	Pensions/Retirement, SS, SSI, VA benefits, All other income	How often received?					
		Weekly	Bi-Weekly	2x Month	Monthly	Annual				Weekly	Bi-Weekly	2x Month	Monthly	Annual	
<input style="width: 100%;" type="text"/>	\$ <input style="width: 100px;" type="text"/>	<input style="width: 20px;" type="text"/>	\$ <input style="width: 100px;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>				
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**Total Household Members (Children and Adults - Step 1 & Step 3)**

**STEP 4** Contact Information and Adult Signature. Return completed form to: [DHS.SummerEBT@dhs.ri.gov](mailto:DHS.SummerEBT@dhs.ri.gov)

"I certify (promise) that all information on this application is true and correct and that all income is reported. I certify that no one on this application is receiving summer EBT benefits in another state or ITO. I understand that this information is given in connection with the receipt of Federal funds and that state officials may verify (check) the information. I am aware that if I deliberately misrepresent information, my children may lose S-EBT benefits, and I may be prosecuted under applicable State and Federal criminal statutes."

<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
Printed Name of Adult Signing the Form	Signature of Adult	Today's Date
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
Mailing Address	Apt #	Town or City
		State
		Zip
		Daytime Phone

## 2025-2026 Rhode Island Summer EBT/SUN Bucks Application

Sources of Income			Examples of Income for Children
Earnings from Work	Public Assistance/Alimony/ Child Support	Pensions/Retirement/ All other sources of income	
<ul style="list-style-type: none"> <li>Salary, wages, cash bonuses, tips, commissions</li> <li>Net income from self-employment (farm or business)</li> </ul> <p><b>If you are in the U.S. Military:</b></p> <ul style="list-style-type: none"> <li>Basic pay and cash bonuses (do NOT include combat pay, FSSA, or privatized housing allowances)</li> <li>Allowances for off-base housing, food, and clothing</li> </ul>	<ul style="list-style-type: none"> <li>Unemployment benefits</li> <li>Workers' compensation</li> <li>Supplemental Security Income (SSI)</li> <li>Cash assistance from State or local government</li> <li>Alimony payments</li> <li>Child support payments</li> <li>Veterans' benefits</li> <li>Strike benefits</li> </ul>	<ul style="list-style-type: none"> <li>Social Security/Disability (including railroad retirement and black lung benefits)</li> <li>Private Pensions or disability benefits</li> <li>Income from trusts or estates</li> <li>Annuities</li> <li>Investment income</li> <li>Earned interest</li> <li>Rental income</li> <li>Regular cash payments from outside household</li> </ul>	<ul style="list-style-type: none"> <li>A child has a regular full or part-time job where they earn a salary or wages</li> <li>A child is blind or disabled and receives Social Security benefits</li> <li>A parent is disabled, retired, or deceased, and their child receives Social Security benefits</li> <li>A friend or extended family member regularly gives a child spending money</li> <li>A child receives regular income from a private pension fund, annuity, or trust</li> </ul>

**OPTIONAL** Children's Racial and Ethnic 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 S-EBT.

**Ethnicity** (check one):  Hispanic or Latino (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish Culture or origin, regardless of race)  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

**Official Use Only – Do Not Write Below This Line**

**The Determining Official (DO) for the state MUST complete this section. (Only convert to annual income if there are different frequencies of income listed in Step 3.)**  
**Annual Income Conversion: Weekly X 52 ♦ Every 2 weeks X 26 ♦ Twice a Month X 24 ♦ Monthly X 12**

Directly Certified (DC) based on the State DC List as eligible for:  SNAP  TFA  OT  FM (Free Medicaid)  RM (Reduced Medicaid). Date Certified on DC List: \_\_\_\_\_

SNAP/RI Works Household providing proof (must be confirmed by DO) of a handwritten case number  Foster Child  Confirmed Head Start  Confirmed Homeless or Runaway

Income Household: Total household income: \_\_\_\_\_ per \_\_\_\_\_ Household Size: \_\_\_\_\_

**Application determination:**  S-EBT with income < 130%  S-EBT with income 130\_< 185%  Application Denied

Date Notice Sent: \_\_\_\_\_ Signature of DO: \_\_\_\_\_ Date: \_\_\_\_\_

**Use of Information Statement** \_\_\_\_\_

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 may 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.

For more information on Rhode Island's Summer EBT Program, visit the RI DHS website:

<https://dhs.ri.gov/programs-and-services/supplemental-nutrition-assistance-program-snap/supplemental-nutrition-10>

**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, 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: 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; or  
EMAIL: [Program.Intake@usda.gov](mailto:Program.Intake@usda.gov)

This institution is an equal opportunity provider.

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