



SUN BUCKS BENEFIT REVIEW/APPEAL FORM

Fair hearing requests will be accepted only for the following reasons:

1. Custodial parent/guardian received a denial notification from the 2026 SUN Bucks Household Application
2. Custodial parent/guardian receives SNAP, TANF, or Medicaid (and meets the 185% Federal Poverty Level) or custodial parent/guardian has a child who is certified for free or reduced-price meals based on a NSLP application or custodial parent/guardian has a child who is a foster child, participates in the Migrant Education Program or the Homeless Education Program and did not receive the 2026 SUN Bucks benefit
3. Custodial parent/guardian was determined not eligible through the 2026 SUN Bucks Household Application from the verification process
4. Adverse action was taken against the household for 2026 SUN Bucks benefits.

If the above reasons apply to the custodial parent/guardian, please continue with this form. If the above reasons do not apply, please call 1-833-648-4406 to discuss your case.

Key Dates and Deadlines: Requests for 2026 SUN Bucks benefit review/appeal must be made by November 1, 2026. Any requests received after November 1, 2026 will not be processed and will be considered untimely.

What to expect after you submit: The Arizona Department of Education (ADE) will reach out based on the submitted contact information to schedule a phone conference. A conference is first scheduled with the custodial parent/guardian, which provides the opportunity to discuss the situation, present information, and obtain an explanation of the data submitted or the decisions rendered. If not satisfied with the outcome of the conference, the custodial parent/guardian has the right to a fair hearing.

REASON FOR THE APPEAL

Please tell us why you are submitting a request for an appeal.

- ☐ I received a notice of denial for the SUN Bucks Household Application I submitted.
- ☐ My child received SNAP or TANF at some point between July 1, 2025 - August 3, 2026, but did not get the 2026 SUN Bucks benefit by August 3, 2026.
- ☐ My child received Medicaid (with household income at or below the 185% federal poverty level) at some point between July 1, 2025 - August 3, 2026, but did not get the 2026 SUN Bucks benefit by August 3, 2026.
- ☐ My child was certified for free or reduced-price meals based on a NSLP Household Application in School Year 2025-2026 but did not get the 2026 SUN Bucks benefit by August 3, 2026.
- ☐ My child was in foster care, Migrant Education Program, or the Homeless Education Program at some point between July 1, 2025 - August 3, 2026, but did not get the 2026 SUN Bucks benefit by August 3, 2026.
- ☐ My 2026 SUN Bucks applications was determined ineligible through the verification process.
- ☐ Adverse action was taken against the household for 2026 SUN Bucks benefits.
- ☐ Other: _____

CUSTODIAL PARENT/LEGAL GUARDIAN INFORMATION

First Name and Last Name of Custodial Parent/Legal Guardian

**First Name and Last Name of the custodial parent or legal guardian requesting the SUN Bucks benefit review:*

MAILING ADDRESS

Country: _____

Address 1: _____

Address 2: _____

City, State, Zip Code: _____

Phone Number: (Home) _____ (Work): _____ (Cell): _____

Email: _____

Preferred Method of Contact (Circle ONE): Home Phone Work Phone Cell Phone Email

Best Time to Contact During Normal Business Hours (Monday-Friday 8am - 5pm)

Hour/Minute: _____

Will the party filing this request need any language translation for the conference? (Circle ONE)

YES NO

If yes, please specify the language: _____

STUDENT INFORMATION

Child Legal First Name and Last Name: _____

Child Birthdate: (Date, Month, and Year): _____

School name that child attended in School Year 2025-2026: _____

Street address of the school that the child attended in School Year 2025-2026: _____

IF APPLICABLE, STUDENT INFORMATION

Child Legal First Name and Last Name: _____

Child Birthdate: (Date, Month, and Year): _____

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IF APPLICABLE, STUDENT INFORMATION

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School name that child attended in School Year 2025-2026: _____

Street address of the school that the child attended in School Year 2025-2026: _____

IF APPLICABLE, HOMELESS OR FOSTER CHILD AVAILABLE CONTACT INFORMATION

Contact Person Name: _____

STREET ADDRESS

Country: _____

Address 1: _____

Address 2: _____

City, State, Zip Code: _____

Phone Number: _____

REVIEW/APPEAL INFORMATION

Description of why you are asking for a fair hearing.

**Write a description of why you feel your child(ren)'s SUN Bucks benefit was wrongfully denied.*

Description of a suggested resolution (solution) to the problem you would like to see.

**Write a description of what you would like to see happen.*

IF APPLICABLE:

Name and address of Attorney representing the party filing this request:

If you have an attorney or another person who is representing you in this request for a conference and/or a fair hearing, please fill out the contact information below.

Signature of party requesting the conference and/or a fair hearing.

Date of Signature (Month, Day, Year):

SUBMISSION INSTRUCTIONS

Please print, sign, and mail this completed form to ADE at the following address:

1535 W Jefferson St Bin #7

Phoenix, AZ 85007

ADDITIONAL INFORMATION FOR CUSTODIAL PARENTS/LEGAL GUARDIANS:

1. What happens after you file your request for a conference and/or a fair hearing for the Summer Electronic Benefits Transfer (Summer EBT)/SUN Bucks?

- ADE will review your information and will reach out using the contact information provided on your request to schedule a conference. The below circumstances must be met to proceed with a conference.
- The request was received by November 1, 2026.
- You cannot ask for a fair hearing for a denied application submitted to a school. You must request a fair hearing from the school.

2. What will occur during the initial conference with ADE?

- During the conference, you will have the opportunity to discuss your situation, present information, and obtain an explanation of the data submitted in the application or the decision rendered. During the conference, we hope all concerns with the decision are addressed or resolved.

3. If you are not satisfied with the outcome of the conference, you have the right to request a fair hearing.

- If you asked for an in-person hearing that date will be scheduled. The hearing will be at the Arizona Department of Education's North Campus Building, at 100 N 15th Ave, Fourth Floor, Phoenix, AZ 85007.
- If you asked for a written hearing, the hearing officer will ask you to send in information to show why you feel your child should have received Summer EBT. This may include pay stubs or other documents to show your income or benefits.
- You will have an opportunity to present oral or documentary evidence and arguments supporting a position without undue interference;
- If in person, you will have an opportunity to question or refute any testimony or other evidence and to confront and cross-examine any adverse witnesses;
- The hearing will be conducted, and the decision will be made by a hearing official who did not participate in making the application decision or in any previously held conference;
- If in person, the decision of the hearing official will be based on the oral and documentary evidence presented at the hearing and made a part of the hearing record.

4. The hearing decision:

- After the hearing, the hearing officer will issue a decision in writing. The parties concerned and any designated representative will be notified in writing of the decision of the hearing official. You may not appeal the decision.
- A written record will be prepared with respect to the hearing, which must include the challenge or the decision under appeal, any documentary evidence and a summary of any oral testimony presented at the hearing, the decision of the hearing official, including the reasons therefor, and a copy of the notification to the parties concerned of the decision of the hearing official; and
- A written record of the hearing will be preserved for a period of 5 years and must be available for exam.

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights 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, 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 [How to File a Program Discrimination Complaint](#) 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.

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