



**Qualifying Under Free and Reduced Lunch Program /USDA Guidelines**

**Effective from July 1, 2024 to June 30, 2025**

<b>HOUSEHOLD SIZE</b>	<b>ANNUAL 2023 TAX FORM 1040</b>	<b>MANATEE COUNTY HUD REQUIREMENTS</b>
1	\$27,861	\$35,200
2	\$37,814	\$40,200
3	\$47,767	\$45,250
4	\$57,720	\$50,250
5	\$67,673	\$54,300
6	\$77,626	\$58,300
7	\$87,579	\$62,350
8	\$97,532	\$66,350
For each additional family member, add	\$9,953	N/A

**-Total Income is found on your Tax form 1040 for the tax year 2023.**

**-Your student must be listed on the tax form as a dependent. The total income must fall at or below the salary listed above. Household size is determined by the total of dependents listed on your tax form.**

**-If claiming HUD eligibility, please provide official US Department of HUD documentation listing the student's name as being eligible.**

**-A secure upload of this tax form is required during TSIC's application process.**

**-If you don't file taxes, there are other documents that we can use as described in the following page. Those documents will require an upload also.**

**Free and Reduced Lunch letters from the school district can not be used for eligibility.**

**Only one form of eligibility needs to be submitted**

Income Guidelines provided by [USDA.gov](https://www.usda.gov)

Updated 7/2024

# Determining TSIC Eligibility

- The student applicant must be claimed as a dependent on the tax return provided to verify income eligibility.
- The total number of dependents listed on the tax return provided should be used to verify income eligibility.

**Form 1040** Department of the Treasury—Internal Revenue Service  
**U.S. Individual Income Tax Return** **2023** OMB No. 1545-0074 IRS Use Only—Do not write or staple in this space.

For the year Jan. 1–Dec. 31, 2023, or other tax year beginning \_\_\_\_\_, 2023, ending \_\_\_\_\_, 20

Your first name and middle initial **Parent/Guardian Name** Last name \_\_\_\_\_ Your social security number \_\_\_\_\_

If joint return, spouse's first name and middle initial \_\_\_\_\_ Last name \_\_\_\_\_ Spouse's social security number \_\_\_\_\_

Home address (number and street). If you have a P.O. box, see instructions. \_\_\_\_\_ Apt. no. \_\_\_\_\_

City, town, or post office. If you have a foreign address, also complete spaces below. \_\_\_\_\_ State \_\_\_\_\_ ZIP code \_\_\_\_\_

Foreign country name \_\_\_\_\_ Foreign province/state/country \_\_\_\_\_ Foreign postal code \_\_\_\_\_

**Filing Status**  Single  Head of household (HOH)  
 Married filing jointly (even if only one had income)  
 Married filing separately (MFS)  Qualifying surviving spouse (QSS)  
 Check only one box. If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QSS box, enter the child's name if the qualifying person is a child but not your dependent: \_\_\_\_\_

**Digital Assets** At any time during 2023, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.)  Yes  No

**Standard Deduction** **Someone can claim:**  You as a dependent  Your spouse as a dependent  
 Spouse itemizes on a separate return or you were a dual-status alien

**Age/Blindness** **You:**  Were born before January 2, 1959  Are blind **Spouse:**  Was born before January 2, 1959  Is blind

<b>Dependents</b> (see instructions):		(2) Social security number	(3) Relationship to you	(4) Check the box if qualifies for (see instructions):	
(1) First name	Last name			Child tax credit	Credit for other dependents
<b>Student name</b>				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

**Income**

<b>1a</b> Total amount from Form(s) W-2, box 1 (see instructions)	<b>1a</b>
<b>b</b> Household employee wages not reported on Form(s) W-2	<b>1b</b>
<b>c</b> Tip income not reported on line 1a (see instructions)	<b>1c</b>
<b>d</b> Medicaid waiver payments not reported on Form(s) W-2 (see instructions)	<b>1d</b>
<b>e</b> Taxable dependent care benefits from Form 2441, line 26	<b>1e</b>
<b>f</b> Employer-provided adoption benefits from Form 8839, line 29	<b>1f</b>
<b>g</b> Wages from Form 8919, line 6	<b>1g</b>
<b>h</b> Other earned income (see instructions)	<b>1h</b>
<b>i</b> Nontaxable combat pay election (see instructions)	<b>1i</b>
<b>z</b> Add lines 1a through 1h	<b>1z</b>
<b>2a</b> Tax-exempt interest	<b>2a</b>
<b>2b</b> Taxable interest	<b>2b</b>
<b>3a</b> Qualified dividends	<b>3a</b>
<b>3b</b> Ordinary dividends	<b>3b</b>
<b>4a</b> IRA distributions	<b>4a</b>
<b>4b</b> Taxable amount	<b>4b</b>
<b>5a</b> Pensions and annuities	<b>5a</b>
<b>5b</b> Taxable amount	<b>5b</b>
<b>6a</b> Social security benefits	<b>6a</b>
<b>6b</b> Taxable amount	<b>6b</b>
<b>c</b> If you elect to use the lump-sum election method, check here (see instructions)	
<b>7</b> Capital gain or (loss). Attach Schedule D if required. If not required, check here	<b>7</b>
<b>8</b> Additional income from Schedule 1, line 10	<b>8</b>
<b>9</b> Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your <b>total income</b>	<b>9</b> <b>Total Income</b>
<b>10</b> Adjustments to income from Schedule 1, line 26	<b>10</b>
<b>11</b> Subtract line 10 from line 9. This is your <b>adjusted gross income</b>	<b>11</b>
<b>12</b> <b>Standard deduction or itemized deductions</b> (from Schedule A)	<b>12</b>
<b>13</b> Qualified business income deduction from Form 8995 or Form 8995-A	<b>13</b>
<b>14</b> Add lines 12 and 13	<b>14</b>
<b>15</b> Subtract line 14 from line 11. If zero or less, enter -0-. This is your <b>taxable income</b>	<b>15</b>

**Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld.**

**Standard Deduction for—**

- Single or Married filing separately, \$13,850
- Married filing jointly or Qualifying surviving spouse, \$27,700
- Head of household, \$20,800
- If you checked any box under Standard Deduction, see instructions.

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions. Cat. No. 11320B Form 1040 (2023)

**STUDENT MUST BE LISTED ON FORM**

**LINE 9 MUST FALL AT OR BELOW THE CHART ABOVE**

Take Stock in Children requires that every student's financial situation be examined closely at the time the student's application is evaluated. All applicants should provide their most current year filed IRS Tax Form 1040 as verification of income showing total income. The tax return provided must include the student as a dependent.

In the instance the student's parents/guardian **does not** file Federal income taxes, the following documents **can be used** to verify income eligibility for the Take Stock in Children program:

1. Qualified applicants can be a recipient of Florida Medicaid services. Medicaid eligibility in Florida is determined either by the Department of Children and Families (DCF) or the Social Security Administration (for SSI recipients). To qualify under this standard, students must currently be receiving services (through a review of their Florida Medicaid benefits) and must provide official documentation for eligibility from the Department of Children and Families (DCF) or the Social Security Administration (for SSI recipients).
2. Qualified applicants can be a SNAP recipient. SNAP eligibility is determined by the State of Florida through the Department of Children and Families. To qualify under this standard, students must currently be receiving services and must provide official documentation for eligibility from the Department of Children and Families.
3. TANF – Letter from State of Florida indicating that family has been approved to receive TANF benefit and names of household beneficiaries (the student applicant's name should be listed as part of household on the document). The date of eligibility for benefits indicated on the letter should align with the application date for the TSIC program (i.e., the student should be eligible to receive TANF benefits at the time of TSIC application).
4. Proof that the student is in Foster Care (currently active as a foster care student during the application period of TSIC).
5. Signed document on school district letterhead, from the School district's Homeless Liaison, verifying in writing that the student is homeless and qualifies for free/reduced lunch. The document date should align with the date of the TSIC application.

\*The following documentation **IS NOT** acceptable to verify eligibility for Take Stock in Children: \*

1. W-2s/ Social Security Statement alone – May not reflect all income and does not verify that it is same household as student.
2. Disability – May not reflect all income for household and does not verify that it is same household as student.
3. Statement of non-filing of taxes through IRS – Does not indicate that income was below the need to file, just verifies that they did not file.
4. The free/reduced lunch screen in the School District's student profile program (i.e., FOCUS).
5. Direct Certification letter from State of Florida- Students who qualify to receive Direct Certification from the state (i.e.- SNAP/TANF recipients, Foster Care or Homeless youth) should be able to prove eligibility for TSIC as outlined above.

**\*\* All applications need proof of eligibility. We only need one of the items listed above. If you have questions, please call Kelly Suba at (941) 773-6465 during business hours.**



August 6, 2024

Case: 100000000000

Phone: (813) 555-1212

Jane Doe  
123 Main Street  
Anytown, FL 33333

Dear Jane Doe

The following is information about your eligibility.

**Food Assistance**

Your application for Food Assistance dated August 1, 2024 is **approved**. You are eligible for the months listed below:

Name	Aug, 2024	Sept, 2024	Oct, 2024 Thru 10/31, 2024
Person 1	Eligible	Eligible	Eligible
Person 2	Eligible	Eligible	Eligible
Person 3	Eligible	Eligible	Eligible
<b>Benefit Amount</b>	\$172.00	\$250.00	\$265.00

Before your eligibility ends, we will send you a letter telling you what to do to keep getting Food Assistance. To keep your Food Assistance from ending, you will need to complete a review by October 31, 2024. You can use the web site at [www.myflorida.com/accessflorida](http://www.myflorida.com/accessflorida) to do this on My ACCESS Florida Account.

For Food Assistance benefits, you must report during your certification period when your household's monthly gross income is more than your income limit of \$2,500.00. If you are an ABAWD, you must report if your work hours drop below 80 hours/month. You must report this change within 10 days after the end of the month.

If you fail to report changes as required or if the information you provide is not correct, you may have to repay any benefits you receive for which you were not eligible and you may be prosecuted for fraud. You must report other changes and your household composition at the time of the next recertification. If you have access to a computer, you may report your changes online at the ACCESS Florida website [www.myflorida.com/accessflorida](http://www.myflorida.com/accessflorida). You may also report changes by calling the ACCESS Florida Customer Call Center toll free at 1-850-300-4323 or by mail to the return address at the top of this notice.

If this is the first time you have been approved for food or cash benefits, your EBT Card will be mailed to you. If you received benefits before and had a card but have lost or misplaced it, please call EBT Customer Service at 888-356-3281 to ask for a replacement card.

**Medicaid**

Your Medicaid has been reviewed and the members listed below are eligible for continued Medicaid coverage.

Name	Status
Person 1	Eligible
Person 2	Eligible
Person 3	Eligible