



Thank you for taking the time to fill out the Take Stock in Children application. Please note, applicants must meet income eligibility guidelines published by USDA (see below chart) and must be a recipient of the Free and Reduced Lunch program.

INCOME ELIGIBILITY GUIDELINES
Effective July 1, 2024 through June 30, 2025

HOUSEHOLD SIZE	ANNUAL	MONTHLY	TWICE PER MONTH	BIWEEKLY	WEEKLY
1	35,200	2,933	1,467	1,354	677
2	40,200	3,350	1,675	1,546	773
3	47,767	3,981	1,991	1,838	919
4	57,720	4,810	2,405	2,220	1,110
5	67,673	5,640	2,820	2,603	1,302
6	77,626	6,469	3,235	2,986	1,493
7	87,579	7,299	3,650	3,369	1,685
8	97,532	8,128	4,064	3,752	1,876
For each additional family member, add	9,953	830	415	383	192

Do you qualify?

On the following pages, you will find helpful information for filling out the application online. If you have questions, please contact Jennifer Shin at jennifer@takestocksarasota.org or call 941-270-3850 during business hours.

SECTION G:

For the “File Upload” section of the application, please attach **one** of the qualifying documents listed below:

- 2023 Tax Form 1040 (sample below)
- SNAP Eligibility Letter (sample below)
- Medicaid Eligibility Letter - *Medicaid card not accepted*
- TANF Benefits
- HUD Documentation

The following documentation **IS NOT** acceptable to verify eligibility for TSIC:

- W-2s/Social Security statement alone
- Disability
- Statement of non-filing of taxes through IRS
- The free/reduced lunch screen in the School District’s student profile program
- Direct Certification letter from the State of Florida

****All applicants must provide proof of eligibility. We only need one of the items listed above. If you have questions, please contact Jennifer Shin at jennifer@takestocksarasota.org or call 941-270-3850 during normal business hours.**

Sample eligibility forms cont’d on next page.

Determining TSIC Eligibility through 1040 Tax Return

- 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 **2023** OMB No. 1545-0047 IRB 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

See separate instructions.

Your first name and middle initial _____ 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. _____ Presidential Election Campaign
 Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund.
 You Spouse

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

Dependents (see instructions):

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

If more than four dependents, see instructions and check here

Income

1a	1b	1c	1d	1e	1f	1g	1h	1i	1j	1k	1l	1m	1n	1o	1p	1q	1r	1s	1t	1u	1v	1w	1x	1y	1z
1a Total amount from Form(s) W-2, box 1 (see instructions)													1a												
1b Household employee wages not reported on Form(s) W-2													1b												
1c Tip income not reported on line 1a (see instructions)													1c												
1d Medicaid waiver payments not reported on Form(s) W-2 (see instructions)													1d												
1e Taxable dependent care benefits from Form 2441, line 25													1e												
1f Employer-provided adoption benefits from Form 8839, line 29													1f												
1g Wages from Form 8919, line 6													1g												
1h Other earned income (see instructions)													1h												
1i Nontaxable combat pay election (see instructions)													1i												
1j Add lines 1a through 1h													1j												
2a Tax-exempt interest													2a												
3a Qualified dividends													3a												
4a IRA distributions													4a												
5a Pensions and annuities													5a												
6a Social security benefits													6a												
c If you elect to use the lump-sum election method, check here (see instructions)													<input type="checkbox"/>												
7 Capital gain or (loss). Attach Schedule D if required. If not required, check here													<input type="checkbox"/>												
8 Additional income from Schedule 1, line 10													8												
9 Add lines 12, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income													9												
10 Adjustments to income from Schedule 1, line 26													10												
11 Subtract line 10 from line 9. This is your adjusted gross income													11												
12 Standard deduction or itemized deductions (from Schedule A)													12												
13 Qualified business income deduction from Form 8995 or Form 8995-A													13												
14 Add lines 12 and 13													14												
15 Subtract line 14 from line 11. If zero or less, enter -0-. This is your taxable income													15												

Attach Sch. B if required.

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. 11320 B Form **1040** 2023

Student must be listed as a dependent.

Total income.

SNAP Eligibility Letter Sample:

ACCESS CENTRAL MAIL CENTER
P.O. BOX 1770
OCALA FL 34478

Notice of Case Action
State of Florida Department
of Children and Families



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
Benefit Amount	\$172.00	\$225.00	\$265.00

Before your eligibility ends, we will send you a letter telling you what you need 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 to do this with 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 \$2,000. 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. 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

Medicaid Eligibility Letter:

For this option, you can upload a picture of your eligibility letter OR your Benefits Summary Page from the DCF Access website.

**Your Medicaid card will not be accepted for this option.*



ACCESS Florida

[English](#) | [Español](#) | [Kreyòl](#)

[Click here for Help](#)

[Click here for American Sign Language Video](#)

Hello [redacted] You are logged in.

Logout

Manage My Account

Print

[Back to Benefit Summary](#) [Report My Changes](#) [Apply for Additional Benefits](#) [Case Closure](#)

My Benefits

My Applications

If you have a security (secret) code on your EBT account, you MUST call EBT Customer Service at 888-356-3281 to request a replacement card.

Benefit Summary

You are currently receiving notices by US Mail. If you would like more information or to go paperless, [click here](#)

Case Information

This information is current as of March 02, 2023. If you made any changes to your case within the last 24 hours, please allow time for this information to be processed into the system. Please check back later.

Case Number	Head of the Household	Scheduled Appointments	Upload and View My Documents	My Notices	Verifications Needed	Replace My EBT Card
[redacted]	[redacted]	No appointments scheduled	click here	click here	No verifications needed	click here

My Benefits

Benefits	Details
Food Assistance Medical Assistance	click here click here

My Renewals

Name	Benefits	Details
Student full name	[redacted]	Effective date of benefits

cont'd on next page.

SECTION G CONT.:

Under **Attachment 1** please upload a copy of the student's social security card.

**Required*



*We will also be requiring a copy of the student's first quarter report card once they are released by the school district. You will receive a separate email requesting this.

ADDITIONAL HELPFUL INFORMATION:

Below you will find a few items of clarification for filling out the application:

- When asked for the student's email, please use a personal email address. NOT the school issued email address. This will ensure all future communication with Take Stock in Children.
- Resident Alien means permanent legal resident (page 1)
- Entry Grade Level = Current Grade Level (page 2, section A)
- Please note, the application asks for the parent/guardian social security number. This is NOT a requirement. (page 2, section B)
- Annual household income. (page 2, section D) Please refer to the eligibility chart on the first page of this document.

Additional Questions?

Contact Jennifer Shin

jennifer@takestocksarasota.org • 941-270-3850 (*during business hours*)