



INCOME ELIGIBILITY GUIDELINES

Effective from July 1, 2019 to June 30, 2020

HOUSEHOLD SIZE	ANNUALLY	MONTHLY	TWICE PER MONTH	EVERY TWO WEEKS	WEEKLY
1	23,107	1,926	963	889	445
2	31,284	2,607	1,304	1,204	602
3	39,461	3,289	1,645	1,518	759
4	47,638	3,970	1,985	1,833	917
5	55,815	4,652	2,326	2,147	1,074
6	63,992	5,333	2,667	2,462	1,231
7	72,169	6,015	3,008	2,776	1,388
8	80,346	6,696	3,348	3,091	1,546
For each additional family member, add	8,177	682	341	315	158

Reminder: Total income before taxes, social security, health benefits, union dues, or other deductions must be reported.

Income Guidelines provided by USDA.gov



Financial Eligibility Documentation

Last Updated April 15, 2019

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 current year filed IRS Tax Form 1040 as verification of income showing total income. All qualified applicants must meet the income guidelines published annually by the Florida Department of Agriculture (Guidelines Announced for Free and Reduced-Price School Meals and Milk Programs).

According to the Florida Department of Agriculture and Consumer Service guidelines the following groups are also eligible for Free and Reduced Lunch Benefits: *Households currently receiving SNAP or TANF assistance are eligible for free meal benefits according to Florida Department of Agriculture and Consumer Service guidelines;. Foster children are eligible for free meal or milk benefits regardless of the household income; Children who are considered homeless or runaway by the school district's homeless liaison will qualify for free meal benefits according to Florida Department of Agriculture and Consumer Service guidelines.*

Source: [2018-2019 Guidelines Announced for Free and Reduced-Price School Meals and Milk Programs](#)

In the instance the student's parents/guardian does not file Federal income taxes, the following documents **can be used** to verify qualifying for free/reduced lunch:

- Food Stamps (SNAP) – Letter from State of Florida indicating that family or foster child has been approved to receive SNAP benefits, 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 date of the TSIC application (i.e., the student should be eligible to receive SNAP benefits at the time of TSIC application).
- 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).
- Proof that the student is in Foster Care (currently active as a foster care student during the application period of TSIC).
- 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 following documentation **IS NOT** acceptable to verify eligibility for Free/Reduced Lunch

- W-2s/ Social Security Statement alone – May not reflect all income and does not verify that it is same household as student.
- Disability – May not reflect all income for household and does not verify that it is same household as student.
- 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.
- The free/reduced lunch screen in the School District's student profile program (i.e., FOCUS).
- Direct Certification letter from State of Florida – The letter may not be issued by all school or districts where FRL is available to all students/schools. Students who qualify to receive Direct Certification from the state (i.e.- SNAP/TANK recipients, Foster Care or Homeless youth) should be able to prove eligibility for TSIC as outlined above.

MEMO: Determining TSIC Eligibility

Tax returns should be utilized to determine if a student applicant is financially qualified for the TSIC program. Family income should be analyzed using the definition below and referencing the TSIC Income Eligibility Guidelines.

- 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.

Definition of Income: In accordance with the Department's policy as provided in the Food and Nutrition Service publication Eligibility Manual for School Meals, "income," as the term is used in this notice, means income before any deductions such as income taxes, Social Security taxes, insurance premiums, charitable contributions, and bonds. It includes the following: (1) Monetary compensation for services, including wages, salary, commissions or fees; (2) net income from nonfarm self-employment; (3) net income from farm self-employment; (4) Social Security; (5) dividends or interest on savings or bonds or income from estates or trusts; (6) net rental income; (7) public assistance or welfare payments; (8) unemployment compensation; (9) government civilian employee or military retirement, or pensions or veterans payments; (10) private pensions or annuities; (11) alimony or child support payments; (12) regular contributions from persons not living in the household; (13) net royalties; and (14) other cash income. Other cash income would include cash amounts received or withdrawn from any source including savings, investments, trust accounts and other resources that would be available to pay the price of a child's meal.

2018 Form 1040

Department of the Treasury—Internal Revenue Service (99) **2018** U.S. Individual Income Tax Return

OMB No. 1545-0047 IRS Use only—Do not write or stamp in this space.

Filing status: Single Married filing jointly Married filing separately Head of household Qualifying widow(er)

Your first name and initial: _____ Last name: _____ Your social security number: _____

Your standard deduction: Someone can claim you as a dependent You were born before January 2, 1954 You are blind

If joint return, spouse's first name and initial: _____ Last name: _____ Spouse's social security number: _____

Spouse standard deduction: Someone can claim your spouse as a dependent Spouse was born before January 2, 1954 Full-year health care coverage or exempt (see inst.)

Spouse is blind Spouse itemizes on a separate return or you were dual-status alien

Home address (number and street). If you have a P.O. box, see instructions. Apt. no. Presidential Election Campaign (see inst.) You Spouse

City, town or post office, state, and ZIP code. If you have a foreign address, attach Schedule 6. If more than four dependents, see inst. and ✓ here

Dependents (see instructions):		(2) Social security number	(3) Relationship to you	(4) ✓ If qualifies for (see inst.):	
(1) First name	Last name			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"/>

Sign Here Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Joint return? See instructions. Keep a copy for your records.

Your signature: _____ Date: _____ Your occupation: _____

Spouse's signature. If a joint return, both must sign. Date: _____ Spouse's occupation: _____

If the IRS sent you an Identity Protection PIN, enter it here (see inst.): _____

If the IRS sent you an Identity Protection PIN, enter it here (see inst.): _____

Paid Preparer Use Only

Preparer's name: _____ Preparer's signature: _____ PTIN: _____ Firm's EIN: _____

Firm's name: _____ Phone no.: _____

Check if: 3rd Party Designee Self-employed

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions. Cat. No. 113206 Form **1040** (2018)

Find Student applicant's name on the tax return. Calculate total number of dependents listed.

2018 Form 1040

Find total family income on Line 7.

Form 1040 (2018) Page 2

1	Wages, salaries, tips, etc. Attach Form(s) W-2	1
2a	Tax-exempt interest	2a
2b	Taxable interest	2b
3a	Qualified dividends	3a
3b	Ordinary dividends	3b
4a	IRAs, pensions, and annuities	4a
4b	Taxable amount	4b
5a	Social security benefits	5a
5b	Taxable amount	5b
6	Total income. Add lines 1 through 5. Add any amount from Schedule 1, line 22	6
7	Adjusted gross income. If you have no adjustments to income, enter the amount from line 6; otherwise, subtract Schedule 1, line 36, from line 6	7
8	Standard deduction or itemized deductions (from Schedule A)	8
9	Qualified business income deduction (see instructions)	9
10	Taxable income. Subtract lines 8 and 9 from line 7. If zero or less, enter -0-	10
11	a Tax (see inst.) (check if any from: 1 Form(s) 8854 2 Form 4872 3) b Add any amount from Schedule 2 and check here	11
12	a Child tax credit(s) for other dependents b Add any amount from Schedule 3 and check here	12
13	Subtract line 12 from line 11. If zero or less, enter -0-	13
14	Other taxes. Attach Schedule 4	14
15	Total tax. Add lines 13 and 14	15
16	Federal income tax withheld from Forms W-2 and 1099	16
17	Refundable credits: a EIC (see inst.) b Sch. 6812 c Form 8865 Add any amount from Schedule 5	17
18	Add lines 16 and 17. These are your total payments	18
19	If line 18 is more than line 15, subtract line 15 from line 18. This is the amount you overpaid	19
20a	Amount of line 19 you want refunded to you. If Form 8888 is attached, check here	20a
20b	Routing number	20b
20c	Account number	20c
20d	Amount of line 19 you want applied to your 2018 estimated tax	20d
21	Amount of line 19 you want applied to your 2018 estimated tax	21
22	Amount you owe. Subtract line 18 from line 15. For details on how to pay, see instructions	22
23	Estimated tax penalty (see instructions)	23

Go to www.irs.gov/Form1040 for instructions and the latest information.

Form 1040 (2018)