



Pinellas Education Foundation

TSIC Acceptable Financial Eligibility Documents

Take Stock in Children evaluates every student application to determine financial eligibility. Part of the process requires documentation to verify the applicant's qualifications. Please see below for a list of approved financial documents:

Your 2025 IRS Tax Form 1040 (showing the student as a dependent), OR, if you do not file taxes, one of these alternative forms of documentation:

- Proof of Medicaid eligibility for the applicant
- Proof of Food Assistance (SNAP) eligibility for the applicant
- Proof of Cash Assistance (TANF) eligibility for the applicant

Any student applicant MUST be listed as a dependent on all income verification documents submitted with their application. If the student is not listed, the document CANNOT be used to verify the student's eligibility.

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

- A. W-2s/ Social Security Statement alone – May not reflect all income and does not verify that it is same household as student.
- B. Disability – May not reflect all income for household and does not verify that it is same household as student.
- C. 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.
- D. The free/reduced lunch screen in the student's FOCUS account
- E. Community Eligibility letter from the state of Florida granting all students at a particular school lunch and breakfast at no cost.

If you have any questions, please contact Stacie Allen, Director of Take Stock in Children at 727-588-4816, ext. 2102 or sallen@pinellaseducation.org.

OUR MISSION

Our mission is to accelerate educational achievement for all students through the effective mobilization of innovation, relationships and resources.

IMAGES OF APPROVED FINANCIAL DOCUMENTS:

1040 Tax Document

1040 U.S. Individual Income Tax Return 2025 OMB No. 1545-0074 (PB Use Only—Do not write or staple in this space.)

For the year Jan. 1–Dec. 31, 2025, or other tax year beginning , 2025, ending , 2025. See separate instructions.

Filed pursuant to section 301.9105-2 ☐ Combat zone ☐ Deceased ☐ Spouse ☐ Other

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. Check here if your main home, and your spouse's if filing a joint return, was in the U.S. for more than half of 2025. ☐

City, town, or post office. If you have a foreign address, also complete spaces below. State ZIP code Presidential Election Campaign Check here if you, or your spouse if filing jointly, want \$3 to go to the U.S. Postal Service. ☐

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

Filing Status ☐ Single ☐ Head of household ☐ Married filing jointly (even if only one had income) ☐ Qualifying surviving spouse ☐ If you checked this box, see instructions. ☐ If treating a nonresident alien or dual-status alien spouse as a U.S. resident for the entire tax year, check the box and enter their name (see instructions and attach statement if required).

Digital Assets At any time during 2025, did you: (a) receive (as a reward, dividend, or payment for property or services); or (b) sell, exchange, or otherwise dispose of a digital asset or financial interest in a digital asset? (See instructions.) ☐ Yes ☐ No

Dependents

	Dependent 1	Dependent 2	Dependent 3	Dependent 4
(1) First name (see instructions)				
(2) Last name				
(3) SSN				
(4) Relationship (see instructions and check here ☐ If more than four dependents, see instructions.)				
(5) Check if lived with you more than half of 2025: (a) ☐ Yes (b) ☐ And in the U.S.				
(6) Check if: (a) ☐ Full-time student (b) ☐ Permanently and totally disabled (c) ☐ Child tax credit (d) ☐ Credit for other dependents				
(7) Credits (a) ☐ Child tax credit (b) ☐ Credit for other dependents				
☐ Check if your filing status is MFS or MCH and you lived apart from your spouse for the last 6 months of 2025, or you are legally separated according to your state law under a written separation agreement or a decree of separate maintenance and you did not live in the same household as your spouse at the end of 2025.				

Income

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 26 1e

1f Employer-provided adoption benefits from Form 8839, line 31 1f

1g Wages from Form 8919, line 6 1g

1h Other earned income (see instructions). Enter type and amount: 1h

1i Nontaxable combat pay election (see instructions) 1i

2 Add lines 1a through 1h 2

2a Tax-exempt interest 2a

2b Taxable interest 2b

3a Qualified dividends 3a

3b Ordinary dividends 3b

4a Check if your child's dividends are included in 1 ☐ Line 3a 4a

4b Taxable amount 4b

5a Check if (see instructions) 1 ☐ Rollover 5a

5b Taxable amount 5b

6a Check if (see instructions) 1 ☐ Rollover 6a

6b Taxable amount 6b

7a Capital gain or (loss). Attach Schedule D if required. Includes child's capital gain or (loss) 7a

8 Additional income from Schedule 1, line 10 8

9 Add lines 12, 2b, 3b, 4b, 5b, 6b, 7a, and 8. This is your total income 9

10 Adjustments to income from Schedule 1, line 26 10

11 Taxable income 11

Total income on Line 9.

Accepted Medicaid Documents

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

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

Case: [REDACTED] Phone: (866) 762-2237

ST PETERSBURG FL 33712

Dear [REDACTED],

The following is information about your eligibility.

Medicaid

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

Name	Status
[REDACTED]	Eligible
[REDACTED]	Ineligible

To see what information we used when we reviewed your Medicaid case, or to report changes we need to know about, use your on-line My Access Account at www.myflorida.com/accessflorida

MyACCESS

Back to Program Details

Program History

Program Member [REDACTED] (13)

Medicaid

Coverage Begin Date: 07/01/2024
Coverage End Date: 12/31/2024

Status: Open

Medicaid

Coverage Begin Date: [REDACTED]
Coverage End Date: [REDACTED]

access.myflfamilies.com

Accepted Food Assistance Documents

ACCESS CENTRAL MAIL CENTER P.O. BOX 1770 OCALA FL 34478	Notice of Case Action State of Florida Department of Children and Families	
August 8, 2025	Case: [REDACTED]	Phone: (850) 300-4323
[REDACTED] KENNETH CITY FL 33709		
Dear [REDACTED]:		
The following is information about your eligibility.		
Food Assistance		
Your application for Food Assistance dated July 09, 2025 is approved . You are eligible for the months listed below:		
Name	Aug, 2025	Sep, 2025 Thru January 31, 2026
[REDACTED]	Eligible	Eligible
[REDACTED]	Eligible	Eligible
Benefit Amount	\$23.00	\$23.00

 MyACCESS	
SNAP Details	
Case Information [REDACTED]	
Head of Household [REDACTED] (43)	Renewal Due Date 10/15/2025
Benefit Amount \$274	Date Benefit Available 08/21/2025
Program Members	
Name [REDACTED] (17)	Status Eligible
Name [REDACTED] (13)	Status Eligible
Name [REDACTED] (43)	Status Ineligible