

**2004 Federal Poverty Guidelines*
for Florida**

| Family Size | 100% Poverty | 150% Poverty | 200% Poverty |
|--------------------|---------------------|---------------------|---------------------|
| 1 | 9,310 | 13,965 | 18,620 |
| 2 | 12,490 | 18,735 | 24,980 |
| 3 | 15,670 | 23,505 | 31,340 |
| 4 | 18,850 | 28,275 | 37,700 |
| 5 | 22,030 | 33,045 | 44,060 |
| 6 | 25,210 | 37,815 | 50,420 |
| 7 | 28,390 | 42,585 | 56,780 |
| 8 | 31,570 | 47,355 | 63,140 |

*Federal Register: February 13, 2004 (Volume 69, Number 30, pgs: 7335-7338)

Name of Student: _____

Student ID Number: _____

I confirm that the above named student is uninsured and total family income for the above named student is below 200% of the 2004 federally established poverty guidelines.

Parent Name (print): _____

Parent Signature: _____

Date: _____