

Appendix A Car Seat Eligibility Certification

As a parent, caregiver, guardian, grandparent, foster parent or designee, you may qualify for a child safety seat for your eligible child(ren), dependent(s), or those for whom you provide care, including transportation on a regular basis.

If you or any of your household dependents self-certify that you meet the U.S. Department of Health 2025 federal poverty level (FPL) income (see next page) and are unable to afford to purchase a child safety seat for your child(ren), dependent(s) or child(ren) in your care at this time, you may receive assistance.

Only one car seat is allowed per child.

The recipient must provide one of the following: *(Please indicate an "X" in the field provided below.)*

- ☐ **A. Tax return from last tax year** (must show gross income that meets federal standards.)
The tax return may also be used for the person's dependent children (17 years or younger) if the following conditions are met:
- ♦ Parents/guardians meet the "at or below" federal poverty threshold.
 - ♦ All qualifying dependents/children exemptions are listed on the exemption section of the tax return.

OR

- ☐ **B. Proof of enrollment in the Department of Children and Families', Access Florida Benefits document.**
The Department of Children and Families, Access Florida Benefits document may also be used for the person's dependent children (17 years or younger) if the following conditions are met.
- ♦ A parent/guardian presents documents to prove the child lives at the same address.
 - ♦ The Access Florida Benefits document lists the address and dependent/children; therefore, may be used as proof that the child lives at the same address as the parent or guardian.

Recipient Information:

Name: _____

Address: _____

City: _____ County: _____ State: _____ Zip Code: _____

I certify that I have provided the above proof as indicated to certify that I am currently at the 100% poverty level and cannot afford to purchase a child safety seat for my child(ren) and/or dependent(s).

Signature: _____ Date: _____

Document Verification Section

Seat provided through: ☐ FDHSMV \$2 Difference Program ☐ FDOT Occupant Protection Program

I, _____ (print name) certify that I have verified the above requirements to certify that the child safety seat recipient is currently at the 100% poverty level.

Signature: _____ Date: _____

NEW: Florida CPS Technicians: Enter the car seat check into the National Digital Car Seat Check Form (NDCF) (<https://carseatcheckform.org/>) and enter check form ID number above.

Annual Update of the HHS Poverty Guidelines

A Notice by the U.S. Health and Human Services Department (HHS).

The poverty guidelines are the other version of the federal poverty measure. They are issued each year in the Federal Register by the Department of Health and Human Services (HHS). The guidelines are a simplification of the poverty thresholds for use for administrative purposes—for instance, determining financial eligibility for certain federal programs. To view the complete document, please visit:

<https://aspe.hhs.gov/topics/poverty-economic-mobility/poverty-guidelines>

2025 POVERTY GUIDELINES FOR THE 48 CONTIGUOUS STATES AND THE DISTRICT OF COLUMBIA

The following guideline figures represent annual income.

Person(s) in family/household	Poverty Guideline
1	\$15,650
2	\$21,150
3	\$26,650
4	\$32,150
5	\$37,650
6	\$43,150
7	\$48,650
8	\$54,150

*For families/households with more than 8 persons, add \$5,500 for each additional person.