



RIDE applicants must submit a document or membership card from the income-qualifying program they are enrolled in that, at minimum, provides all the following:

1. Applicant Name
2. Name of qualifying program
3. Government entity or managed care organization that issued the document
4. An issue date within the guidelines for the program (see below) or a future expiration date before the date of the RIDE incentive application and approval

**RIDE Program Income-qualifying State and Federal Programs:**

| <b>Name of Program</b>                       | <b>Link to Program Website</b>                                                                                                                                                                                      | <b>Maximum Accepted Document Age</b> | <b>Acceptable Documentation</b>                                                                                                                                                                              |
|----------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Bureau of Indian Affairs General Assistance  | <a href="https://www.bia.gov/regional-offices/pacific/central-california-agency/social-services">https://www.bia.gov/regional-offices/pacific/central-california-agency/social-services</a>                         | 90 Days                              | Award Letter or Notice of Action<br>Bank Statement with Direct Deposit Source<br>Screen shot/print screen from issuing agency (with applicant's name)<br>Un-cashed checks (for applicant's name)             |
| CalFresh/SNAP                                | <a href="https://benefitscal.com/Help/program/calfresh/HCPDE?lang=en">https://benefitscal.com/Help/program/calfresh/HCPDE?lang=en</a>                                                                               | 12 months                            | Award letter or Notice of Action letter<br>Screen shot/print screen from issuing agency- with applicant's name<br>Screen shot/print screen from website showing current participation- with applicant's name |
| California Alternate Rates for Energy (CARE) | <a href="https://www.sdge.com/residential/pay-bill/get-payment-bill-assistance/assistance-programs#overview">https://www.sdge.com/residential/pay-bill/get-payment-bill-assistance/assistance-programs#overview</a> | 24 months                            | Utility statement listing CARE discount                                                                                                                                                                      |

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| California Work Opportunity and Responsibility to Kids (CalWORKs) | <a href="https://benefitscal.com/Help/program/calworks/HCPDE?lang=en">https://benefitscal.com/Help/program/calworks/HCPDE?lang=en</a>                                                                                                                                   | 12 months | Approval or Verification of Benefits Letter (VOB)                                                                                                                          |
| CalWorks (TANF)/Tribal TANF                                       | <a href="https://cdss.ca.gov/tribal-tanf">https://cdss.ca.gov/tribal-tanf</a>                                                                                                                                                                                           | 12 months | Award letter or Notice of Action letter<br>Bank statement with direct deposit source (gross amount)<br>Screen shot/print screen from issuing agency- with applicant's name |
| Cash Assistance Program for Immigrants (CAPI)                     | <a href="https://www.cdss.ca.gov/capi">https://www.cdss.ca.gov/capi</a>                                                                                                                                                                                                 | 12 months | Award letter or Notice of Action Letter                                                                                                                                    |
| Energy Savings Assistance                                         | <a href="https://www.cpuc.ca.gov/consumer-support/financial-assistance-savings-and-discounts/energy-savings-assistance">https://www.cpuc.ca.gov/consumer-support/financial-assistance-savings-and-discounts/energy-savings-assistance</a>                               | 12 months | ESA program approval letter                                                                                                                                                |
| Family Electric Rate Assistance Program (FERA)                    | <a href="https://www.pge.com/en/account/billing-and-assistance/financial-assistance/family-electric-rate-assistance-program-fera.html">https://www.pge.com/en/account/billing-and-assistance/financial-assistance/family-electric-rate-assistance-program-fera.html</a> | 24 months | Utility statement listing FERA discount                                                                                                                                    |
| Federal Veterans and Survivors Pension Benefit Program            | <a href="https://www.va.gov/family-and-caregiver-benefits/survivor-compensation/survivors-pension/">https://www.va.gov/family-and-caregiver-benefits/survivor-compensation/survivors-pension/</a>                                                                       | 12 months | VA Award Letter (Benefit Award Notification or Decision Letter)<br>VA Benefit Summary Letter                                                                               |
| Food Distribution Program on Indian Reservations                  | <a href="https://www.fna.usda.gov/fdpir/food-distribution-program-indian-reservations">https://www.fna.usda.gov/fdpir/food-distribution-program-indian-reservations</a>                                                                                                 | 12 months | Certification Letter or Notice of Action Letter                                                                                                                            |

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| Head Start Income Eligible (tribal only)           | <a href="https://headstart.gov/programs/article/head-start-programs">https://headstart.gov/programs/article/head-start-programs</a> | 12 months | Award letter or Notice of Action Letter                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| Low-Income Home Energy Assistance Program (LIHEAP) | <a href="https://www.csd.ca.gov/pages/liheapprogram.aspx">https://www.csd.ca.gov/pages/liheapprogram.aspx</a>                       | 12 months | CSD Form 43<br>Proof of LIHEAP payment to utility                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| Medicaid                                           | <a href="https://www.medicaid.gov/">https://www.medicaid.gov/</a>                                                                   | 12 months | Award letter or Notice of Action letter<br>Benefits ID card (issued with 12 months of CARE enrollment)<br>Screen shot/print screen from issuing agency- with applicant's name<br>Screen shot/print screen from website showing current participation- with applicant's name<br>Verification of Benefits                                                                                                                                                                                                                                                                                                                               |
| Medi-Cal (Income Qualified Medi-Cal Only)          | <a href="https://benefitscal.com/Help/program/medical/HCPDE?lang=en">https://benefitscal.com/Help/program/medical/HCPDE?lang=en</a> | 12 months | 3rd party Medi-CAL card (LA Care, IEHP, HealthNet, etc.)- card must show the provider is a MediCal provider<br>Adoption Assistance or Foster Care award letter<br>Award letter or Notice of Action letter<br>Benefits ID card (issued with 12 months of CARE enrollment)<br>Form 1095-B from the Department of Health Care Services<br>Issuance History Printout stamped by the County<br>Screen shot/print screen from issuing agency- with applicant's name<br>Screen shot/print screen from website showing current participation- with applicant's name<br>Verification of Benefits- with aide code that shows income eligibility |

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| National School Lunch Program (NSL)                                                              | <a href="https://www.fna.usda.gov/nslp/national-school-lunch-program-nslp">https://www.fna.usda.gov/nslp/national-school-lunch-program-nslp</a> | 12 months | Notice of Approval letter                                                                                                                                                                                                                 |
| Section 8 Rental Certificate Program for Very Low and Extremely Low Income classifications (HUD) | <a href="https://www.hud.gov/">https://www.hud.gov/</a>                                                                                         | 12 months | HCVP Voucher, Rental Lease Agreement with Lease Addendum, or PHA Benefits Letter                                                                                                                                                          |
| Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)                    | <a href="https://www.phfewic.org/en/home/">https://www.phfewic.org/en/home/</a>                                                                 | 60 days   | Award letter or Notice of Action letter<br>Grocery receipt with WIC phone app screenshot/print screen- with applicant's name<br>WIC phone app screen shot/print screen- with applicant's name<br>WIC shopping list- with applicant's name |
| Stanislaus County Work Opportunity and Responsibility to Kids (StanWORKs)                        | <a href="https://www.csa-stanislaus.com/">https://www.csa-stanislaus.com/</a>                                                                   | 12 months | Notice of Action (NOA) Approval letter                                                                                                                                                                                                    |
| Supplemental Security Income (SSI)                                                               | <a href="https://www.ssa.gov/ssi">https://www.ssa.gov/ssi</a>                                                                                   | 12 months | Award letter or Notice of Action letter<br>Bank statement with direct deposit source (gross amount)<br>Form SSA-1099<br>Screen shot/print screen from issuing agency- with applicant's name                                               |