

Qualified Income Programs - RIDE		
Categorical Eligibility Program Name	Max Document Age	Acceptable Documentation
Bureau of Indian Affairs General Assistance	90 Days	Award Letter or Notice of Action Bank Statement with Direct Deposit Source Screen shot/print screen from issuing agency (with applicant's name) Un-cashed checks (for applicant's name)
CalFresh/SNAP	12 months	Award letter or Notice of Action letter Screen shot/print screen from issuing agency- with applicant's name Screen shot/print screen from website showing current participation- with applicant's name
California Alternate Rates for Energy (CARE)	24 months	Utility statement listing CARE discount
California Work Opportunity and Responsibility to Kids (CalWORKs)	12 months	Approval or Verification of Benefits Letter (VOB)
CalWorks (TANF)/Tribal TANF	12 months	Award letter or Notice of Action letter Bank statement with direct deposit source (gross amount) Screen shot/print screen from issuing agency- with applicant's name
Cash Assistance Program for Immigrants (CAPI)	12 months	Award letter or Notice of Action Letter
Energy Savings Assistance	12 months	ESA program approval letter
Federal Veterans and Survivors Pension Benefit Program	12 months	VA Award Letter (Benefit Award Notification or Decision Letter) VA Benefit Summary Letter
Food Distribution Program on Indian Reservations	12 months	Certification Letter or Notice of Action Letter
Head Start Income Eligible (tribal only)	12 months	Award letter or Notice of Action Letter
Low-Income Home Energy Assistance Program (LIHEAP)	12 months	CSD Form 43 Proof of LIHEAP payment to utility
Medicaid	12 months	Award letter or Notice of Action letter
Medi-Cal (Income Qualified Medi-Cal Only)	12 months	3rd party Medi-CAL card (LA Care, IEHP, HealthNet, etc.)- card must show the provider is a MediCal provider Adoption Assistance or Foster Care award letter Award letter or Notice of Action letter Benefits ID card (issued with 12 months of CARE enrollment) Form 1095-B from the Department of Health Care Services Issuance History Printout stamped by the County Screen shot/print screen from issuing agency- with applicant's name Screen shot/print screen from website showing current participation- with applicant's name Verification of Benefits- with aide code that shows income eligibility
National School Lunch Program (NSL)	12 months	Notice of Approval letter
Section 8 Rental Certificate Program for Very Low and Extremely Low Income classifications (HUD)	12 months	HCVP Voucher, Rental Lease Agreement with Lease Addendum, or PHA Benefits Letter
Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)	60 days	Award letter or Notice of Action letter Grocery receipt with WIC phone appscreen shot/print screen- with applicant's name WIC phone app screen shot/print screen- with applicant's name WIC shopping list- with applicant's name
Stanislaus County Work Opportunity and Responsibility to Kids (StanWORKs)	12 months	Notice of Action (NOA) Approval letter
Supplemental Security Income (SSI)	12 months	Award letter or Notice of Action letter Bank statement with direct deposit source (gross amount) Form SSA-1099 Screen shot/print screen from issuing agency- with applicant's name
The Family Electric Rate Assistance Program (FERA)	24 months	Utility statement listing FERA discount