

# FEDERAL AND STATE CATEGORICALLY ELIGIBLE PROGRAMS

(For qualifying children enrolled in Tier II homes only)

If you or any member of your family participate in one or more of the following programs, please write the name of the program, case number (if applicable), or other requested information on the enclosed Income Eligibility Form.

## **Federal Programs**

**Food Assistance Program** - If your household receives Food Assistance program (formerly Food Stamps), write on the enclosed form the 8-digit case number assigned to your household.

**Food Distribution Program on Indian Reservations** - If your household participates in the program, write on the enclosed form the case number assigned to your household.

**National School Lunch Program and School Breakfast Program** - If your children receive free or reduced price meals at the school they attend, on the enclosed form write these programs and the name of the school your children attend.

**Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)** - If your household participates in the program, write on the enclosed form the name of this program and the case number assigned to your household. The 8-digit case number can be found on the voucher.

**Commodity Supplemental Food Program (CSFP): postpartum and breastfeeding women, children & elderly recipients only** - If an eligible member of your household participates in the program, write on the enclosed form the name of this program and the case number assigned to your household. The 8-digit case number can be found on the voucher.

**Federally-funded Head Start students** - If your child attends Head Start and your income meets the program's low income criteria, on the enclosed form write this program and the school or center your child attends.

## **State Programs\***

**Temporary Assistance for Families (TAF)** - If you receive assistance from this program, write on the enclosed form the name of this program and the 8-digit case number assigned to your household.

**Medical Assistance** - If you receive assistance from this program, write on the enclosed form the name of this program and the case number assigned to your household.

**Child Care** - If you receive assistance from this program, write on the enclosed form the name of this program and the case number assigned to your household.

**Commodity Food Distribution** - If you receive commodity foods through the Temporary Food Assistance Program (TFAP), write the name of this program and the last date you received commodity foods on the enclosed form.

**Low Income Energy Assistance Program** - If your household received assistance through this program, write the name of this program and the last date you received the assistance.

\* Must have an income eligibility limit that does not exceed 185% of poverty.