

# LOW COST ASSISTANCE APPLICATION CRITERIA

## **MUST PROVIDE PICTURE ID**

### Eligibility Information

Client is participant in selected program, indicate which of the following for which proof is provided. Documentation must accompany application.

- |   |   |  |                               |
|---|---|--|-------------------------------|
| <input type="checkbox"/> SSI/Disability               | <input type="checkbox"/> Social Security    | <input type="checkbox"/> Medicaid, Medicare, other HCC |                               |
| <input type="checkbox"/> Workman's Compensation       | <input type="checkbox"/> Unemployment       | <input type="checkbox"/> Veteran's Benefits            |                               |
| <input type="checkbox"/> SNAP                         | <input type="checkbox"/> TANF               | <input type="checkbox"/> CCAP                          | <input type="checkbox"/> BCAP |
| <input type="checkbox"/> Reduced or free school lunch | <input type="checkbox"/> Low Income Housing |  |                               |
- Documented Financial Hardship. Provide documentation and compelling letter describing traumatic event or circumstance such as loss of home through natural disaster, foreclosure or extended family illness causing financial hardship.

SSI= Supplemental Security Income

HCC= Health Care Coverage such as Aid to Blind, Healthy Steps, Medicare or Medicaid

SNAP= Supplemental Nutrition Assistance Program

TANF= Temporary Assistance for Needy Families

CCAP= Child Care Assistance Program

BCAP= Basic Care Assistance Program