

Qualifications for Reduced Monthly Payment Amounts

Program	Verification
Supplemental Security Income (SSI) or State Supplementary Payment (SSP)	Medi-Cal Card or Notice of Planned Action or SSI/SSP Computer-Generated Printout or Bank Statement Showing SSI/SSP Deposit or “Passport of Services”
CalWORKs/TANF(formerly known as AFDC)	Medi-Cal Card or Notice of Action or Income and Eligibility Verification Form or Monthly Reporting Form or Electronic Benefit Transfer Card or “Passport to Services”
Supplemental Nutrition Assistance Program (Formerly known as Food Stamp Program)	Notice of Action or ID card or “Passport to Services”
General Relief/General Assistance	Notice of Action or Copy of Check Stub or County Voucher
Cash Assistance Program for Aged, Blind, and Disabled Legal Immigrants (CAPI)	Notice of Action or Copy of Check Stub or “Passport to Services”
In-Home Supportive Services (IHSS)	Notice of Action or “Passport to Services”
California Special Supplemental Nutrition Program for Women, Infants, and Children (WIC Program)	Notice of Action or WIC card or “Passport to Services”
Unemployment Compensation	Unemployment Computer-Generated Printout or Bank Statement Showing Unemployment Deposit or “Passport of Services”

OR

NUMBER IN FAMILY	FAMILY INCOME
1	\$2,430.00
2	\$3,287.00
3	\$4,143.00
4	\$5,000.00
5	\$5,857.00
6	\$6,713.00
Each Additional	\$857.00