

Student Name (Print) _____ Date _____

Please confirm & provide documentation for one of the following programs ***you and/or a family member*** in your household participates in:

- Choices Program (Workforce Solutions Office and/or TX Health & Human Services Commission)
- Supplemental Nutrition Assistance Program (SNAP) benefits (Workforce Solutions Office and/or TX Health & Human Services Commission)
- Current TANF recipient (Workforce Solutions Office and/or TX Health & Human Services Commission)
- Former TANF recipients are eligible for a period of up to 12 months from effective date of the TANF denial (Workforce Solutions Office and/or TX Health & Human Services Commission)
- Medicaid (TX Health & Human Services Commission)
- Children's Health Insurance Program (CHIP) coverage (TX Health & Human Services Commission)
- Child Care & Development Fund (CCDF) (Workforce Solutions Office)
- Public Housing Assistance (Public Housing Authority_____)
- Women, Infants and Children Services (Local County Office_____)
- Free or Reduced Priced-Lunch Program based on individualized eligibility (School District_____)

Helpful links:

<http://www.hhsc.state.tx.us/>

<http://www.twc.state.tx.us/>

STAFF ONLY

Documentation confirmed/attached by _____ Date _____