| | | Incom | ie Gu | idelines 2 | 2025 | | | | |
|---|-------------|--|---|-------------------------|-----------|-----------------------|-----------|-----------------------|--|
| | 400 | 100 1200/ D | | 1000/ D | | | | 00/ D | |
| | _ | 100-130% Poverty 5 Points | | 100% Poverty 10 Points | | 75% Poverty 15 Points | | 50% Poverty 20 Points | |
| Number in Family | 5 | | | | | | | | |
| 2 | \$ | 27,495 | \$ | 21,150 | \$ | 15,863 | \$ | 10,575 | |
| 3 | \$ | 34,645 | \$ | 26,650 | \$ | 19,988 | \$ | 13,325 | |
| 4 | \$ | 41,795 | \$ | 32,150 | \$ | 24,113 | \$ | 16,075 | |
| 5 | \$ | 48,945 | \$ | 37,650 | \$ | 28,238 | \$ | 18,825 | |
| 6 | \$ | 56,095 | \$ | 43,150 | \$ | 32,363 | \$ | 21,575 | |
| 7 | \$ | 63,245 | \$ | 48,650 | \$ | 36,488 | \$ | 24,325 | |
| 8 | \$ | 70,395 | \$ | 54,150 | \$ | 40,613 | \$ | 27,075 | |
| 9 | \$ | 77,545 | \$ | 59,650 | \$ | 44,738 | \$ | 29,825 | |
| | <u>'</u> | • | ' | , | ' | • | • | , | |
| For | families/ho | useholds with mor | e than nir | ne persons, add \$5, | 500 for e | ach additional pers | on. | | |
| | | | | | | | | | |
| Catagorically Fligible | | | | | | | | | |
| ategorically Eligible | | | Things needed from parents | | | | | | |
| Foster Child = 150 pts | | * 1040 preferably but any sort | | | | | | | |
| Homeless = 150 pts Family Receives TANF = 150 pts | | of income ex: W2, statement from employer, unemployment, self declaration, paystubs (30+ | | | | | \ | | |
| • | • | - 150 pts | | | | aration, paystub | S (30+ a) | ays worth) | |
| Supplemental Security Income (SSI) = 150 pts | | * Birth Cert, Guardianship * Insurance card and number | | | | | | | |
| SNAP Benefits (Food Stamps) = 150 pts | | pts | * Any other needed forms ex: IEP, IFSP, | | | | | | |
| | | | · AII | y other needed | 1011115 | ex. IEP, IF3P, | | | |
| Age for Program Year 202 | 5-2026 | | | | | using expense o | documer | ntation | |
| 4 year old birth date 9/2/21 to 9/1/22 | | | * Immunization Record | | | | | | |
| 3 year old birth date 9/2/2 | 22 to 9/1/ | 23 | | | | | | | |
| | | | | mend if over in | come: | | | | |
| Early Head Start | | | | aho Stars | | | | | |
| Birth to age 3 | | | | ll: 211 or 1-800 | | | | | |
| Pregnant women | | | email: iswebmaster@uidaho.edu | | | | | | |
| | | | 1 | I Early Learning | • | | | | |
| | | | Call: (208) 732-664 | | | | | | |
| | | | email: mshabi@csi.edu | | | | | | |
| | | | * Migrant Programs | | | | | | |
| | | | >Felipe Cabral CCI MSHS | | | | | | |
| | | Center/Bright Futures EHS | | | | | | | |
| | | | | II: (208) 734-84 | | | | | |
| | | | 1122 Washington St. S. B | | | | | | |