

Please complete the following section to determine your eligibility status.

Print Name: \_\_\_\_\_ EMPL ID# \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Zip Code: \_\_\_\_\_ Borough: \_\_\_\_\_ County/Other: \_\_\_\_\_

Phone #: \_\_\_\_\_ John Jay Email: \_\_\_\_\_

Student Status: Freshman \_\_\_\_\_ Sophomore \_\_\_\_\_ Junior \_\_\_\_\_ Senior \_\_\_\_\_ Grad \_\_\_\_\_

Credit Hours Enrolled this semester: \_\_\_\_\_

1. What is the **main reason** that you are seeking help today?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Are you currently experiencing this?

Food Insecurity? Yes \_\_\_\_\_ No \_\_\_\_\_

Food Emergency? Yes \_\_\_\_\_ No \_\_\_\_\_

Food Crisis? Yes \_\_\_\_\_ No \_\_\_\_\_

3. Is your Food Insecurity temporary? Yes \_\_\_\_\_ No \_\_\_\_\_

4. Is your Food Insecurity unforeseen? Yes \_\_\_\_\_ No \_\_\_\_\_

5. What is your estimated monthly income? \_\_\_\_\_

6. Will your household's gross income (before taxes are deducted) for the month be less than **\$150**? Yes \_\_\_\_\_ No \_\_\_\_\_

7. Does your household have less than **\$100** in cash, checking, and savings?  
Yes \_\_\_\_\_ No \_\_\_\_\_

8. How many people live in your household? \_\_\_\_\_

9. How many people in your household do you buy and prepare food for? \_\_\_\_\_

10. How did you hear about the Food Voucher Program? \_\_\_\_\_

11. Have you applied for any other Emergency Funding Resources with the Wellness Center?  
Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, which resources? \_\_\_\_\_

12. Any additional information you want us to consider to help us determine your status?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**You must attach a hard copy of your current class schedule when you submit this form.**

Student Signature

\_\_\_\_\_

Date

\_\_\_\_\_