

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
