**CalFresh Student Criteria Checklist**

**Purpose:  This tool helps our college student population clearly identify their potential eligibility within the CalFresh criteria**

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| ​**Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   Phone: (\_\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Name of Campus: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Application number (if online): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Do you live on/off campus? \_\_\_\_\_\_\_\_\_\_If living on campus, do you have a meal plan? Yes / No  If yes, how many meals per week provided? \_\_\_\_\_\_\_\_\_\_# of units currently enrolled in: \_\_\_\_\_\_\_\_ Do you have a disability deemed by SSA, the state, or a doctor? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

1. Please **CHECK ALL** applicable boxes

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| * **Working and getting paid for an average of 20 hours per week** OR a total of 80 hours a month
* **For CSUs and UCs: Receiving Cal Grant A OR B** , and falling within the following qualifications: unmarried; AND 25 years of age or younger; AND household income less than $50,000
 | * **Approved (or awarded or accepted) for federal or state work study**, anticipates working, and have not refused a work assignment (can still be eligible even if a work study job has not begun or is not currently available)

X Work Study Staff Signature, Title, and Phone number* **Working and getting paid in a work study job**

X  Supervisor Signature, Title, and Phone Number |
| **2) CIRCLE ALL** applicable programs* Be enrolled in a state funded program that increases employability **(EOP, EOPS, WIOA, DSPS, CARE, UC McNair, Puente Project, or MESA)**
* Be enrolled in a program that increases employability for current and former foster youth **(Guardian Scholars, FYSI, CAFYES, Chafee [ETV], or Extended Foster Care)**
* Participating in the **CalFresh Employment and Training Program (CFET)** or be a recipient of **CalWorks** or **JOBS**
 | * Be **exerting parental control** over a dependent household member under the age of 6
* Be **exerting parental control** over a child between the age of 6 and 12 with no adequate childcare (as determined by the county on a case-by-case basis)
* Be a **single parent** of a dependent household member under the age of 12 AND enrolled full-time (12+ units)
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| **Circle type of verification(s) needed:** **Pay Stub, Program Agreement, Financial Aid Award, Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****For questions, refer to ACL 17-05, ACL 16-112, ACIN I-89-15, and/or ACL 15-70** |