**Food Aid**

**Faculty/Staff Referral Form**

*Taft College can help students apply for CalFresh and prescreen for eligibility!*

**Faculty/Staff Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­\_\_\_\_\_\_\_\_\_\_ Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1) Give this form to student and fill-out student contact information below

2) Do **one** of the following:

* Send student to the **Financial Aid Department**
* Have student call CalFresh Outreach staff at **763-7831**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Student Contact Information** | | | | |
| Student Name: |  | | | |
| Address: |  | | | |
| City/Zip: |  | | | |
| Cell Phone: |  | | | |
| Alternate Phone: |  | | | |
| Email: |  | | | |
| *Mark (x) preferred contact:* | **□** Text | **□** Call | **□** Email | **□** All |
| *May we leave a message identifying ourselves as CalFresh Outreach on your phone/email?* **□**Yes **□** No | | | | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| ***To be used for CalFresh Outreach Staff only. Mark all that apply.*** | | | | | | |
| *Staff Name:* | | | *App Date* | | | **□** *Reapplying* |
| **□** *Auth ROI* | **□** *Working*  *Low income* | **□** *Household*  *With children*  *<18* | **□** *Senior 60yr +* | **□** *Displaced* | **□** *Work study* | **□** *Other* |

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