



Veteran Student Emergency Fund Screening Form Verification

Student Name: _____ ID# _____

1. *Is the student receiving Financial Aid?*

Yes No _____ Staff Initial

Comments: _____

2. *Is student receiving EOPS or CARE?*

Yes No _____ Staff Initial

Comments: _____

3. *Is the student receiving CalWORKs?*

Yes No _____ Staff Initial

Comments: _____

4. *Does the student have a DD214?*

Yes No _____ Staff Initial

Comments: _____

5. *If a first time student, has student completed benefits paperwork?*

Yes No _____ Staff Initial

Comments: _____

6. *Is all documentation attached?*

Yes No _____ Staff Initial

Date Sent to District Office: _____