

Student Name:
Student ID:

Date:

SUBJECT: TEMPORARY EXPANSION OF CALFRESH ELIGIBILITY FOR STUDENTS DUE TO COVID-19

Because of the COVID-19 pandemic emergency, eligibility for CalFresh food benefits has been temporarily expanded to college students who are eligible for work study. The [Fill in college name], Office of Financial Aid, has confirmed that you are eligible for work study during the [Fill in academic school year/specific school term(s)] term. Based on your work study eligibility, you may be eligible for CalFresh benefits. This change is effective until the COVID-19 pandemic emergency is over.

CalFresh is money for food that comes on an Electronic Benefit Transfer (EBT) card, which works like a debit card. It can help you pay for groceries while you are in college. We encourage you to apply for CalFresh to make your college expenses more affordable.

Step 1: Apply for CalFresh at www.getcalfresh.org/students or call 1-877-847-3663.

Step 2: Upload a copy of this letter with your application or give a copy to your county or CalFresh worker.

Sincerely,

[Insert signature and signature block including a contact number for county workers to call]

Attention County Social Services Partners: This letter serves as acceptable verification that the student listed above is eligible for work study and may be exempt from the CalFresh student eligibility rule. Students who are eligible for work study are exempt from the student eligibility rule per the Consolidated Appropriations Act, 2021. This applies to all eligible work study positions whether on campus, remote, or off campus.

VERIFICATION OF TEMPORARY CALFRESH ELIGIBILITY BECAUSE OF COVID-19

Because of the COVID-19 pandemic emergency, eligibility for CalFresh food benefits has been temporarily expanded to college students who are eligible for work study. This change is effective until the COVID-19 pandemic emergency is over.

Step 1: Fill out this form.

Step 2: Obtain signature below.

Step 3: Apply for CalFresh at www.getcalfresh.org/students or call 1-877-847-3663.

Step 4: Upload a copy of this form with your application or give a copy to your county or CalFresh worker.

Student Name (First and Last)

Student ID Number

School Name

City

This form may be used to determine if the student can get CalFresh food benefits.

To be Completed by School:

1. Enrollment Status (check one):

Half-time or more

Less Than Half-Time

2. Eligible for Work Study (check one):

This student is eligible for a federal or state work study program for the following:

Academic School Year: _____

Specific School Term(s): _____

Signature of School Official

Date

Print Name

Title

Phone Number

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