Public Benefits Screening Form

Purpose of the Tool

Benefits access programs often utilize a questionnaire during the new student intake process. Students are prompted to fill out several basic questions that provide college staff with indicators of whether or not they may qualify for public benefits assistance.

Though it is optimal for financial aid offices to direct students to the benefits access office directly, staff members must collect more detailed information from students about their financial and family situation to flag potentially eligible students. These questionnaires should be no longer than one page, so as not to deter students from completing the form.

The following questionnaire is an adaptation of several benefits screening forms from colleges profiled in this study.

	Benefits Scr	eening Form
		Date:
First Name:	Middle:	Last Name:
Address:		
Student ID:		Unit # City State Zip
Email:		Phone:
Gender: M or F	Marital Status:	DOB:/
Do you receive financial Number of semesters of Do you need help with Are you currently work	ompleted:	
		currently receiving:
		pe interested in receiving or learning more about
	Health screening servi	ices
Filing taxes	Child care	T
	Include any services offe in this space	ered to students

Source: EAB interviews and analysis.