**GIFT CARD CHECKLIST**

**Client Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Social Security Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB: \_\_\_\_\_\_\_\_\_\_\_**

1. Determine eligibility for Food Assistance – if eligible - *(indicate which criteria is met)*
	1. Is the family eligible for Expedited Benefits?
	2. Is the family experiencing a food shortage?
	3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (please define)
2. Is this *a household with children*, up through age 24? If no, then the household **IS NOT** eligible for a Gift Card. Ages of children in home: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**For Food Assistance**

\_\_\_\_\_\_ Household size of 1 (pregnant woman) – Eligible for one (1) gift card

\_\_\_\_\_\_ Household size of 2 – Eligible for two (2) gift cards

\_\_\_\_\_\_ Household size of 3 or more – Eligible for three (3) gift cards

**\_\_\_\_\_\_ Agreement signed**

**NO HOUSEHOLD SHOULD RECEIVE MORE THAN 3 Gift cards totaling more than $300.**

**Case Worker \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Supervisor \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**(scan this document with the signed Gift Card agreement into client’s electronic case file)**