

ECRT Meal Voucher Program

a service of UCLA brought to you by the Economic Crisis Response Team

REQUEST/RECEIPT FORM

The **ECR Meal Voucher Program**, developed by UCLA and the *Economic Crisis Response Team (ECRT)*, was created to assist enrolled UCLA students who find themselves in extreme financial need. **The meal voucher can be used at any ASUCLA restaurants within the campus perimeter bounded by Charles Young Drive (EXCEPT at Tramezzino located in the AGSM).** As a part of the *ECRT Meal Voucher Program*, it is also the practice of the ECRT to contact individuals who participate in the program to discuss possible additional resources and helpful opportunities.

PART ONE — Request Section:

Full Name: _____ UID: _____

Telephone: _____ Email: _____

Please read and place a checkmark in each box to indicate you are in agreement with the following statements:

- I CERTIFY that I am a currently enrolled UCLA student and that the information I have submitted on this form is true and correct.
- I RECOGNIZE that vouchers are for the recipient's use only; granted to those facing extreme circumstances; and are subject to an awarding limit. Also, I understand that a voucher can only be used at business establishments participating in the program. I am aware that vouchers can not be exchanged for cash, nor will a remaining balance be given in change when used to make a purchase.
- I CERTIFY that I, the recipient, am in receipt of the voucher(s) indicated in the box below.
- I UNDERSTAND AND ACCEPT the obligations and conditions associated with the voucher and *ECRT Meal Voucher Program*.
- I CERTIFY that I DO NOT live in on-campus housing and DO NOT currently have a meal plan.

Signature of Recipient

Date

FOR OFFICE USE ONLY (retain original completed form)

DATE: _____ ENROLLMENT TERM/YR: _____

VOUCHER #: _____ ISSUED BY (PLEASE PRINT): _____

----- Detach along this line and provide bottom portion to student. -----

PART TWO — Follow-Up Section:

Student Name: _____ UID: _____

Dear Student,

To insure that you are maximizing all of your resources to meet your food needs, please see that you:

- Visit the **Financial Aid Office** (Murphy Hall, Room A129) to explore further financial aid funding options.
- Explore *Social Services* for available benefits through **LADPSS**. (The contact information for **LADPSS** is provided below in **Section B**.)

*In order to receive additional meal vouchers through the **ECRT Meal Voucher Program**, you are required to have a Financial Aid Counselor complete and sign the form below, indicating that you have exhausted your financial aid resources and are still experiencing a food shortage/financial crisis. (If all of your options have been exhausted, you may contact the *Economic Crisis Response Team* for further assessment by sending an e-mail to ECR@SAONET.UCLA.EDU.)*

FOR FINANCIAL AID COUNSELOR USE ONLY (Please review student's financial aid package and provide feedback on outcome.):

PLEASE STAMP THIS FORM WITH AN OFFICIAL FAO STAMP OR PROVIDE STUDENT WITH YOUR BUSINESS CARD.

- 1. Has the student applied for financial aid? **Yes / No**
- 2. Dream Act FAFSA
- 3. Has the student utilized ALL financial aid options he/she is **eligible** for? **Yes / No**
- 4. Is the student's cost of education met? **Yes / No**
- 5. Does the student have items eligible for add-on? **Yes / No**

Comments: _____

FA Counselor Signature: _____ Date: _____

Section B:

- **LADPSS** can assist you in determining the *Social Services* benefits for which you may qualify. Their website is <http://lacountyhelps.org/go>.
- Use the **Cal Fresh** Application link: <http://www.calfresh.ca.gov/default.htm>. For questions about the *CalFresh Program*, please email piar@dss.ca.gov or call (916) 654-1896. When making an inquiry, please include enough details and contact information for easy follow up.