

Appendix 1: ACS Food Voucher Screening Criteria Worksheet

Nomination form must be completed by Personal Financial Counselor

1. Soldier's Name: _____
2. Rank/Pay Grade: _____ 2a. Is Applicant a military dependent? _____Y _____N
3. Unit/Organization: _____ Phone#: _____
4. Total Number of dependents in household (including Soldier): _____
5. Will the Family remain in the Fort Sill area for the Christmas holiday? _____Y _____N
6. Does the Family have dependent children in household up to age 18? _____Yes _____No
If Yes - continue to #7. If No - Family is not eligible.
7. *Dependent Children in Household to be nominated for the Ft Sill Toys 4 Kids Program:
Boys _____ Ages: _____
Girls _____ Ages: _____
- *Family wishes for child/children to receive gift from Toys 4 Kids Program? _____Y _____N
8. Is the spouse employed? _____Yes _____No _____N/A
9. Detailed justification of financial hardship (required to be completed by PFC):

10. Priority Code (circle one): 1 = Extreme Hardship 2 = Hardship 3 = Minor Hardship

_ Print Name of Personal Financial Counselor

Phone number

Email address

SIGNATURE of Personal Financial Counselor

DATE