



**MARQUETTE
UNIVERSITY**

**ELIGIBILITY DATA FORM FOR CANCELLATION/DEFERMENT REQUESTS
FOR CHILD/FAMILY SERVICES**

I. EMPLOYER ELIGIBILITY

- ❖ Name of Employer: _____
- ❖ Please indicate your official job title: _____
- A. Is your employer a child/family service agency? YES ____ NO ____**
- B. Is your employer a non-profit or public agency? YES ____ NO ____**
- C. Is your employer a hospital or school system? YES ____ NO ____**

II. EMPLOYEE ELIGIBILITY

- A. Do you primarily work with children under the age of 21?**
YES ____ NO ____
- B. Do you provide or supervise the provision of services to children under the age of 21?**
YES ____ NO ____
- C. Are the children that you work with considered high-risk? (i.e. at risk of abuse or neglect, have been abused or neglected, have serious emotional, mental, or behavioral disturbances, reside in placement outside their homes, or are involved in the juvenile justice system.)**
YES ____ NO ____
- D. Do the children you serve live in a low-income community?**
YES ____ NO ____
- E. Do you provide services to adults?**
YES ____ NO ____
 - 1. If yes, are the adults members of the families of the children you serve?**
YES ____ NO ____
 - 2. If yes, are the services provided to adults secondary to those provided to the children you serve?**
YES ____ NO ____

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| Borrower's Signature | Date | Employer's Signature | Date |