Enclosure 2: Additional Screening Questions

* Do you personally currently receive food assistance benefits from the State of Florida? [IF NEEDED: These are sometimes called food stamps. Often benefits are deposited onto an EBT card.]
	+ Yes
	+ No
	+ Don’t know/Not sure
* Are you currently exempt from work requirements?
	+ Yes
	+ No
	+ Don’t know/Not sure
* Is there a three-month time limit on your benefits?
	+ Yes
	+ No
	+ Don’t know/Not sure
* Do you have any dependents?
	+ Yes
	+ No
	+ Don’t know/Not sure