

**MARQUETTE  
UNIVERSITY**

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

**I. EMPLOYER ELIGIBILITY**

❖ 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?**

**C. Are the children that you work with considered high-risk? (A child of abuse, neglect, has been abused or neglected, have serious**