

Community College Enrollment Verification Form*
for Supplemental Nutrition Assistance Program Benefits – SNAP

Student name: _____ DOB: _____

School name: _____

This form is used to determine eligibility for SNAP benefits, a federal needs-based program. Please complete all relevant sections and ensure that the information is accurate, as it is used to determine benefit eligibility.

1. Enrollment status: Full-time ½ time less than ½ time not enrolled

Degree: 1 year certificate Associates Degree Bachelor Degree
 Other _____ (specify)

2. Student's Course of Study or Major: _____

The above student's program/course of study/major meets the definition of career and technical education under the Carl D. Perkins Career and Technical Education Improvement Act of 2006 (Perkins IV)* program, or is considered by this college to be a course of study that will lead to employment.

Please indicate: YES NO

* A career and technical education program as defined under Appendix A of the Perkins IV Manual posted at <http://www.doe.mass.edu/cte/perkins/>

3. Student Participation in Work Study**

The above student is currently or will be participating in a federal or state work study program.

Please indicate: YES NO

** Students may qualify for SNAP benefits, regardless of course of study, if the student is participating in or has been approved and anticipates participating in a federal or state funded work study program.

Signature of Community College Official

Date

Print name

Title

Phone number

This form must be accompanied by a proof of enrollment, transcript or a list of registered courses.