

CAO NAME AND ADDRESS

CASE IDENTIFICATION				
CO	RECORD NUMBER	CAT	CSLD	DIST
RECORD NAME				DATE

**PENNSYLVANIA DEPARTMENT OF HUMAN SERVICES
COMMUNITY COLLEGE VERIFICATION FORM**

STUDENT'S NAME:	BIRTHDATE:
-----------------	------------

This form is used to help the county assistance office determine if the student listed above may be eligible for Supplemental Nutrition Assistance Program (SNAP) benefits under federal SNAP student regulations. **This form must be completed and signed by a school official.** The college may also provide this information in a letter.

Please answer the questions below:

1. Is the student attending a Pennsylvania community college? College name: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Is the student enrolled in school at least half-time?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Is the student participating in work study?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Please list the student's course of study/major: _____	

Certification and signature:

I certify by my signature below that the college considers the above-mentioned student's course of study to be either:

- 1.) A career and technical education program under the Carl D. Perkins Career and Technical Education Improvement Act of 2006, OR
- 2.) Associated with a high priority occupation*.

_____ SIGNATURE OF SCHOOL OFFICIAL	_____ DATE
_____ PRINTED NAME OF SCHOOL OFFICIAL	_____ TITLE
_____ NAME OF SCHOOL	_____ PHONE NUMBER

* For more information on high priority occupations, please visit www.workstats.dli.pa.gov/Products/HPOs/Pages/default.aspx.