

CAO NAME AND ADDRESS

CASE IDENTIFICATION				
CO	RECORD NUMBER	CAT	CSLD	DIST
RECORD NAME				DATE

**PENNSYLVANIA DEPARTMENT OF HUMAN SERVICES
COMPARABLE PROGRAM VERIFICATION FORM**

STUDENT'S NAME:	BIRTHDATE:
COLLEGE NAME:	ENROLLMENT STATUS: <input type="checkbox"/> Less than half-time <input type="checkbox"/> Half-time or more

*This form is used to help the County Assistance Office (CAO) determine if the student listed above may be eligible for Supplemental Nutrition Assistance Program (SNAP) benefits (food stamps) under federal SNAP student regulations. **This form must be completed and signed by a school official or a staff member of one of the below-listed programs.** The college may also provide this information in a letter.*

Please answer the questions below.

- Please indicate if the student participated in one or more of the following programs in preparation for enrollment into college:
 - TRIO Upward Bound GEARUP ELECT Chafee Education and Training Grant
 - Title II Adult Basic Education Any other program listed at [SNAP for College Students](#)
Specify: _____
- Please indicate if the student is currently participating in one or more of the following programs:
 - Act 101 Fostering Independence Tuition Waiver
 - Any other program listed at [SNAP for College Students](#) Specify: _____

Full URL: <https://dhs.pa.gov/Services/Assistance/Pages/SNAP-for-College-Students.aspx>

Signature

I certify by my signature below that I am an employee of a college or of an organization administering one of the above-listed programs and that I have completed this form to the best of my knowledge.

Signature of Official

Printed Name of Official

Name of School

Date

Title

Phone Number