

Supplemental Assistance Nutrition Program (SNAP) College Program Checklist**SCHOOL NAME****PROGRAM NAME****Your answers to the following questions will help to determine whether a pre-college or extracurricular program at your college meets the standards set forth at 7 CFR §273.5(b)(11)(iv).**

Does this program require participants have family income below a certain level? YES NO If yes, what is the income limit?

Does this program primarily focus on serving any of the following groups? [check all which apply]

- | | | |
|---|--|--|
| <input type="checkbox"/> Pell grant recipients | <input type="checkbox"/> First-generation college students | <input type="checkbox"/> Former foster youth |
| <input type="checkbox"/> Students with an Expected Family Contribution of \$0 | <input type="checkbox"/> Students facing housing issues | <input type="checkbox"/> Other: _____ |

Does your school administer, provide funding to, or exercise oversight over the program? YES NO

Does any other state or local government agency administer, provide funding to, or exercise oversight over the program? YES NO

Please indicate below how your school and/or the indicated agencies support the program.

Does the program increase or enhance a participating student's employability? YES NO

Does the program provide (or refer participants to) any of the following activities? [check all which apply]

- | | | |
|--|---|---|
| <input type="checkbox"/> Directed Job Search | <input type="checkbox"/> Employment Skills Assessment | <input type="checkbox"/> Soft Skills Development |
| <input type="checkbox"/> Community Service | <input type="checkbox"/> Job Shadowing/Career Exploration | <input type="checkbox"/> Entrepreneurial Skill Building |
| <input type="checkbox"/> Job Coaching | <input type="checkbox"/> Financial Literacy | <input type="checkbox"/> Remedial Education Courses |

Please indicate when a student's participation in the program occurs: [check all which apply]

- Before Arriving on Campus for the First Time Upon/After Arriving on Campus for the First Time

SUBMITTED BY**TITLE****DATE**