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 SNAP benefits (food stamps) 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?** ☐ Yes ☐ No
   College Name: _____
2. **Is the student enrolled in school at least half-time?** ☐ Yes ☐ No
3. **Is the student participating in work study?** ☐ Yes ☐ 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* http://www.workstats.dli.pa.gov/Products/HPOs/Pages/default.aspx.