

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:
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*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? 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 <http://www.workstats.dli.pa.gov/Products/HPOs/Pages/default.aspx>.