

**Community College Enrollment Verification Form  
for Supplemental Nutrition Assistance Program Benefits – SNAP**

Student Name: \_\_\_\_\_ SSN: \_\_\_\_\_

School Name: \_\_\_\_\_

*Please complete all applicable sections:*

**1. Enrollment Status:**     Full-time    Half-time    Less than half-time    not enrolled

**Degree:**     1 year certificate,    Associates Degree    Bachelor Degree  
 Other \_\_\_\_\_(specify)

**2. Student's Course of Study or Major:** \_\_\_\_\_

The above student's program/course of study/major meets the definition of career and technical education under the Carl D. Perkins Career and Technical Education Improvement Act of 2006 (Perkins IV)\* program, and/or is considered by this college to be a course of study that will lead to employment.

Please indicate:    YES    NO

\* A career and technical education program as defined under Appendix A of the Perkins IV Manual posted at <http://www.doe.mass.edu/cte/perkins/>

**3. Student Participation in Work Study\*\***

The above student is currently or will be participating in a federal or state work study program.

Please indicate:    YES    NO

\*\* Students may qualify for SNAP benefits, regardless of course of study, if the student is participating in or has been approved and anticipates participating in a federal or state-funded work study program.

\_\_\_\_\_  
Signature of Community College Official

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Phone Number

*This form must be accompanied by a proof of enrollment, transcript, or a list of registered courses.*