

Community College Verification Form



Give this form to DTA

- By mail: DTA Document Processing Center, P.O. Box 4406, Taunton, MA 02780-0420
- By fax: (617) 887-8765
- In person at your local DTA office.

Student name: _____ Last 4 of SSN or Agency ID: _____

School name: _____

This form is used to determine if the student can get SNAP benefits. The college can also give this information in a letter.

To be Completed by School:

1. Enrollment status: ½ time or more less than ½ time not enrolled

2. Student's Course of Study or Major: _____

The college considers this course of study or major to be:

- A "career and technical education" program under the Carl D. Perkins Career and Technical Education Improvement Act of 2006, and/or
- A course of study that will lead to employment.

Please indicate: YES NO

3. Participation in Work Study

This student is or will be participating in a federal or state work study program. YES NO

Signature of School Official

Date

Print name

Title

Phone number