Ohio Department of Job and Family Services STUDENT VERIFICATION

This form is used to determine if the student is eligible to receive Supplemental Nutrition Assistance Program (SNAP) benefits. This form must be completed and signed by a school official from the Financial Aid Office, Office of the Registrar, or the Office of the Dean for Student Affairs.

SECTION 1: STUDENT INFORMATION				
Student Name		12	NAP Case Number or last four digits of SSN	
Address				
SECTION 2: COMPLETED BY SCHOOL OFFICIAL				
Name of School				
Student's enrollment status				
☐ full time ☐ half time ☐ less than half time ☐ not enrolled				
Educational Program Status: (check all that apply)				
Student enrolled in a career and technical education program under Perkins Strengthening Career and Technical Education Act (Perkins V) that is designed to be completed in no more than 4 years Pes No Student enrolled in an accredited institution of higher education with a major that leads to an in-demand occupation.				
Declared a major Course of		rse of study	or major	
☐ Yes ☐ No				
Work Study Program status: (check all that apply)				
Eligible to participate in a federal or state work study?				
SECTION 3: CERTIFICATION AND SIGNATURE				
I certify that all the information provided on this form is true, correct, and complete to the best of my knowledge.				
Signature			Date	
Print Name		Email		
Till Name	'	_IIIaII		
Title			Phone	
You may submit this form to the county JFS in person, you will get a receipt, or you may submit the following ways:				
Mail to				
Fax Number	Email			
COUNTY JFS OFFICE USE ONLY				
	County Contact			