

MMAL

Submit completed form to Agency listed below:

New Jersey Supplemental Nutrition Assistance Program (NJ SNAP) Student Eligibility Verification Form

This form is used to help the County Board of Social Services determine if the student listed below meets the NJ SNAP student eligibility criteria. 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. The school may return the completed form to the student or send directly to the Agency listed above on the student's behalf. A copy of the form also may be given to the student for the student's personal records.

SECTION 1: Completed by County Board of Social Services

Client Name: _____	Date of Birth: _____
SNAP Case No.: _____	Student ID No.: _____
County of Residence: _____	Client Phone: _____

SECTION 2: Completed by School Official

Required:

Name of School: _____

Is the student enrolled in school at least half-time? Yes No

Select the appropriate student participation:

Is the student approved to participate in a federal or state work study? Yes No

a. Date student was approved for work study: _____

b. List semester(s) approved for work study: _____

OR

Is the student enrolled in an approved Career and Technical Education program? Yes No

a. Course of study/major: _____

Certification and Signature

I certify that all of the information provided on this form is true, correct and complete to the best of my professional knowledge.

Signature of School Official: _____ Date: _____

Printed Name: _____ Email: _____

Title: _____ Phone: _____