

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	SNAP Case Number or last four digits of SSN
Address	
SECTION 2: COMPLETED BY SCHOOL OFFICIAL	
Name of School	
Student's enrollment status <input type="checkbox"/> full time <input type="checkbox"/> half time <input type="checkbox"/> less than half time <input type="checkbox"/> not enrolled	
Educational Program Status: 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 <input type="checkbox"/> Yes <input type="checkbox"/> No Student enrolled in an accredited institution of higher education with a major that leads to an in-demand occupation. <input type="checkbox"/> Yes <input type="checkbox"/> No	
Declared a major <input type="checkbox"/> Yes <input type="checkbox"/> No	Course of study or major
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
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	
Date Received	County Contact