

Janet T. Mills
Governor

Jeanne M. Lambrew, Ph.D.
Commissioner



Maine Department of Health and Human Services
Office for Family Independence
11 State House Station
109 Capitol Street
Augusta, Maine 04333-0011
Tel.: (207) 624-4168; Toll-Free: (800) 442-6003
TTY: Dial 711 (Maine Relay); Fax: (207) 287-3455

Community College Verification Form

Provide this form to DHHS-OFI by:

MAIL Maine Department of Health and
Human Services
Office for Family Independence
114 Corn Shop Lane
Farmington, Maine 04938

FAX 207-778-8429

EMAIL Farmington.DHHS@maine.gov

Student Name: _____ **DOB or Client ID:** _____

School Name: _____

This form is used to help determine if the student may be eligible to get SNAP benefits. The college may also provide this information in a statement on official letterhead.

To be completed by the school:

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

2. **Student's course of study or major:** _____

3. **Does the college consider 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

4. **This student is or will be participating in a federal or state work study program:**

Please indicate: YES NO

Signature of School Official

Date

Print Name

Title

Phone Number