

2016-2017 Verification of SNAP Benefits (Food Stamp Assistance Program)

_____	_____	_____
Last Name	First Name	CSU ID Number
_____	(____) _____	(____) _____
Email Address	Phone Number (home)	Phone Number (cell)

On the Free Application for Federal Student Aid (FAFSA), you indicated that you or a member of your household received Food Stamps during either 2014 and/or 2015. You have been selected for verification; therefore, the Financial Aid Office must verify the receipt of these benefits. Please complete this form in its entirety.

Did you or a member of your household receive Food Stamps in 2014 and/or 2015?

No. Please sign and return this form to Campus411, All-in-1. We will update your FAFSA to correct this information.

Yes. Complete the following information for the person in your household who is included on your FAFSA (Question 76 or 98) as receiving Food Stamp benefits.

_____		_____	
Name of Recipient		Relationship to student	
_____		_____	
Street Address		Phone Number	
_____		_____	
_____	_____	_____	_____
City	State	Zip	County

We will request that you submit proof of these benefits to resolve discrepancies, if the information on the FAFSA is different from this form. Acceptable proof of benefits received includes the following documentation:

- A. Food Assistance Approval Letter and/or
- B. For OHIO residents only: Attach a copy of the Ohio Direction Card to this form. Example:



By signing this document, you certify that the information reported is complete and correct.

Student's Signature

Date

Parent's Signature (If Parent information was required on FAFSA)

Date