Community College Verification Form

Give this form to DTA
- By mail: DTA Document Processing Center, P.O. Box 4406, Taunton, MA 02780-0420
- By fax: (617) 887-8765
- In person at your local DTA office.

Student name: ____________________________ Last 4 of SSN or Agency ID: ___________

School name: _____________________________________________________________________

This form is used to determine if the student can get SNAP benefits. The college can also give this information in a letter.

To be Completed by School:

1. Enrollment status:  ____ ½ time or more  ____ less than ½ time  ____ not enrolled

2. Student’s Course of Study or Major: ________________________________________________
   The college considers 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

3. Participation in Work Study
   This student is or will be participating in a federal or state work study program.  ___ YES  ____ NO

____________________________________       __________________________
Signature of School Official  Date

____________________________________
Print name

____________________________________
Title

____________________________________
Phone number

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