## 2013-2014 – V2 SNAP Verification Group Form



Student's Nam	ne	
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Banner ID

On your FAFSA you or your parent indicated that a member of your household had received Food Stamps or Supplemental Nutrition Assistance Program (SNAP) food benefits sometime during 2011 or 2012. As part of the verification process you must provide proof that you qualified for this benefit. Please check one of the following:

r	eceived Food Stamps or SNAP benefits during 2011 or 2012. Attach documentation from the agency that issued the Food Stamps/SNAP food benefits to verify eligibility. ******If you are an Ohio resident, the ODJFSBenefits.ohio.gov website can be used to verify benefits received in 2011/2012 or contact your social worker.****
M	y parents received Food Stamps or SNAP benefits during 2011 or 2012. Attach documentation from the agency that issued the Food Stamps/SNAP food benefits to verify eligibility.

Attach documentation from the agency that issued the Food Stamps/SNAP food benefits to verify eligibility. \*\*\*\*\*\*If you are an Ohio resident, the ODJFSBenefits.ohio.gov website can be used to verify benefits received in 2011/2012 or contact your social worker.\*\*\*\*\*

\_\_\_\_Another member of my family received Food Stamps or SNAP benefits during 2011 or 2012.

Family member's name:

Beneficiary of these benefits:

Attach documentation from the agency that issued the Food Stamps/SNAP food benefits to verify eligibility. \*\*\*\*\* If you are an Ohio resident, the ODJFSBenefits.ohio.gov website can be used to verify benefits received in 2011/2012 or contact social worker.\*\*\*\*

\_No one in my household received Food Stamps or SNAP benefits in 2011 or 2012. Please correct my 2013-2014 FAFSA.

## CERTIFICATION

By signing this certification, I/we confirm that all information reported on this SNAP Verification Form in support of the student's application for financial assistance is complete and correct. If dependent, at least one parent must sign. WARNING: If you purposely give false or misleading information on this worksheet, you may be fined, sentenced to jail, or both.

Student Signature

Date

Parent Signature (dependent students only) Date

Student's E-mail Address

Parent's E-mail Address

This form & documentation can be faxed to 216.397.3098, e-mailed to enrollment@jcu.edu, or mailed to John Carroll University, Office of Financial Aid, 1 John Carroll Blvd., University Heights, OH 44118. If you have questions about this form call 888-335-6800