

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:

- Enrollment Status:** ½ time or more less than ½ time not enrolled
- Student's course of study or major:** _____
- Expected graduation date:** _____
- 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
- 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

USDA NONDISCRIMINATION STATEMENT

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), religious creed, disability, age, political beliefs, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the agency (state or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/ad-3027.pdf>, from any USDA office, by calling (833) 620-1071, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to:

1. **mail:**
Food and Nutrition Service, USDA
1320 Braddock Place, Room 334
Alexandria, VA 22314; or
2. **fax:**
(833) 256-1665 or (202) 690-7442; or
3. **email:**
FNSCIVILRIGHTSCOMPLAINTS@usda.gov

This institution is an equal opportunity provider.