

**2016-2017 Receipt of SNAP Benefits
(Dependent Student)**

A. Student Information

_____	_____	_____	_____	_____
Last Name	First Name	M.I.	MCC ID #	Date of Birth

The Parent's household includes:

- The student
- The parents (including a stepparent) even if the student doesn't live with the parents.
- The parents' other children if the parents will provide more than half of the children's support from July 1, 2016, through June 30, 2017, or if the other children would be required to provide parental information if they were completing a FAFSA for 2016-2017. Include children who meet either of these standards even if the children do not live with the parents.
- Other people if they now live with the parents and the parents provide more than half of the other people's support and will continue to provide more than half of their support through June 30, 2017.

The parents certifies that _____, a member of the parent's household, received benefits from the Supplemental Nutrition Assistance Program or SNAP (formerly known as the Food Stamp Program) sometime during 2014 or 2015. SNAP may be known by another name in some states. For assistance in determining the name used in a state, please call 1-800-4FED-AID (1-800-433-3243).

By signing this worksheet, I certify that all the information reported above is complete and accurate. I understand that, if asked by my school, I will be required to provide proof of SNAP food benefits.

Student's Signature

Date

Parent's Signature (Required)

Date