



**SCHOOL VERIFICATION OF ENROLLMENT**

To: _____ Name of School	<b>Date</b>	
Subject: <b>School Verification of Enrollment</b>	<b>Case Name</b>	
	<b>Case Number</b>	
Supplemental Nutrition Assistance Program (SNAP) and Welfare (PA) (Federal and Local) Program regulations require all caretakers to ensure minor dependent children attend school. If an adult caretaker fails to ensure their child(ren) attends school, the family will be ineligible for SNAP and PA benefits.		

We are requesting your assistance and cooperation in providing the required verification to us. Should you have any questions regarding this request, you may contact us at: \_\_\_\_\_ or fax the information to us at: \_\_\_\_\_.

**BES Eligibility Specialist / Representative**

REQUIRED SCHOOL INFORMATION FOR VERIFICATION OF ELIGIBILITY					
Name of Student	SSN	DOB	Registered		Grade
			Yes	No	
<b>Print Name and Title</b>				<b>Date</b>	
<b>Signature</b>				<b>Contact</b>	

**CONSENT AND AUTHORIZATION TO RELEASE PERSONAL INFORMATION**

I hereby give authorization to release information on my child(ren) attending your learning institution to the Division of Public Welfare within the Department of Public Health & Social Services.

\_\_\_\_\_  
**Name of Parent or Legal Guardian**  
 (Print & Sign)

\_\_\_\_\_  
**Date**