

The Educational Opportunity Fund Program 2021-2022 Supporting Documents

Supplemental Nutrition Assistance Program (SNAP) Form

	855#:
ervices:	
☐ Gloucester County ☐ Hudson County ☐ Hunterdon County ☐ Mercer County ☐ Middlesex County ☐ Monmouth County ☐ Morris County	 □ Ocean County □ Passaic County □ Salem County □ Somerset County □ Sussex County □ Union County □ Warren County
ogram (SNAP) Received Monthly in	2019:
on provided above is correct and complete to	the best of my (our) knowledge.
	Date:
	Date:
	Gloucester County Hudson County Hunterdon County Mercer County Middlesex County Monmouth County Morris County

Supplemental Nutrition Assistance Program (SNAP) Form

EXAMPLE



Student's Name: John Doe 855#: 080808 Name of Family Member Receiving Services: <u>Jane Doe</u> Relationship: □Self ☑Parent □Other: _ **County:** ☐ Atlantic County ☐ Gloucester County ☐ Ocean County ☐ Bergen County ☐ Hudson County **☑** Passaic County ☐ Burlington County ☐ Hunterdon County ☐ Salem County ☐ Camden County ☐ Mercer County ☐ Somerset County ☐ Cape May County ☐ Middlesex County ☐ Sussex County ☐ Cumberland County ☐ Monmouth County ☐ Union County ☐ Essex County ☐ Morris County ☐ Warren County Case Number: C0123456789 Caseworker Name: Jake Doe Caseworker Phone Number: 973-123-4567 Supplemental Nutrition Assistance Program (SNAP) Received Monthly in 2019: \$275 I (We) certify that the information provided above is correct and complete to the best of my (our) knowledge. Date: <u>9/15/20</u>
Date: <u>9/15/20</u> Parent Signature: John Doe Sr. Student's Signature: John Doe