

## Verification Form for Multiple Applicants

# SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP) AND/OR TEMPORARY FAMILY ASSISTANCE (TFA) RECIPIENTS

Adult Member Last Name, First Name	Child's Name Last Name, First Name	SNAP/TFA Case Number	Has this child been eligible for benefits at any time between the following dates?		
			Dates	Yes	No
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

Signature of SNAP/TFA Official	Date	(            )            -
City	State	Zip Code

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*Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish).  
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For more information, visit the CSDE's [Verification](#) Web page or contact the [school nutrition programs](#) staff in the CSDE Bureau of Health/Nutrition, Family Services and Adult Education, 25 Industrial Park Road, Middletown, CT 06457.

*This letter is available in PDF at [www.sde.ct.gov/sde/lib/sde/pdf/deps/nutrition/verification/multapp.pdf](http://www.sde.ct.gov/sde/lib/sde/pdf/deps/nutrition/verification/multapp.pdf) and Word at [www.sde.ct.gov/sde/lib/sde/word\\_docs/deps/nutrition/verification/multapp.doc](http://www.sde.ct.gov/sde/lib/sde/word_docs/deps/nutrition/verification/multapp.doc).*