University of Idaho

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Office Use Only				
Doc: _	PSNAP	#27		
Tkg Grp:				
Comp. Date:				
Comp. By:				
•	, <u> </u>			

Parent Supplemental Nutrition Assistance Program (SNAP) Form 2013-2014

Student: Please Print	Student ID or SSN:
Today's Date:	Phone #:
On your 2013-2014 FAFSA, your parent(s) (if you are a dependent Stamps or SNAP food benefits during 2011 or 2012. As part of documentation as proof of these benefits. Your parent(s) must comp completed form and proper documentation to our office. No further until this information is received.	the verification process, we are required to obtain plete the following questions, then sign and return the
Complete this form in its entirety and provide all requested do will not be processed and will be returned to .	
☐ I, the parent, received Food Stamps or participated in the Su during 2011 and/or 2012 (dependent students only). If chec agency that issued your parent(s) Food Stamps/SNAP be	ked, you must provide documentation from the
☐ I, the parent, did not receive Food Stamps or participate in the (SNAP) during 2011 or 2012.	ne Supplemental Nutrition Assistance Program
CERTIFICATION: By signing this worksheet, I (we) certify that all t	the information reported on it is complete and correct.
Parent Signature:	Date:
Parent Signature:	Date: