



Print and have the form completed by a school official

**2024 CT Youth Employment Program**  
**FREE/REDUCED LUNCH VERIFICATION FORM**

Please have your school complete this form if you currently receive free or reduced lunch.

I certify that \_\_\_\_\_ has received  
**Name of Student** **Student ID Number**

free or reduced lunch for the 2023-2024 year at \_\_\_\_\_  
**Name of School**

\_\_\_\_\_  
**School Representative Signature**

\_\_\_\_\_  
**School Representative's Name and Title**

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