



Special Needs **SNAP** Alert Program



Enrollment Form

Date of application: _____ **County:** _____

Child's Name: _____

Date of Birth: _____

Address 1: _____

Address 2: _____

School Name: _____

School Address: _____ **County:** _____

Child's Primary Diagnosis: _____

Parent or Guardian filling out application: _____

Address: _____

Home Phone: _____ **Work Phone:** _____

Cell Phone: _____ **Email:** _____

To begin the enrollment process, mail the SNAP Enrollment Form and your signed Consent Form to:
SNAP Coordinator
Office of EMS, Blue Hen Corporate Center, Suite 4-H
655 South Bay Road
Dover, DE 19901

You will be contacted once your forms are received in our office.

Please feel free to call or e-mail if you need further information.
Voice: (302) 744-5415 Fax: (302) 744-5429



DELAWARE HEALTH AND SOCIAL SERVICES
Division of Public Health



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