

MIAMI-DADE COUNTY PUBLIC SCHOOLS

AFFIDAVIT OF DISABILITY STATUS FOR THE ADULT-SPECIAL NEEDS ASSISTANCE

PROGRAM (A-SNAP) GRANT

Instructions to Miami-Dade County Public Schools Staff

This form is to establish disability status for adult education students enrolled in the Adult Special Needs Assistance Program (A-SNAP) grant as specified in 6A-19.002 FAC and Section 12102 of the Americans with Disabilities Act. A copy of this affidavit should be retained on file as proof of disability status for the Adult-Special Needs Assistance Program (A-SNAP) grant.

Affidavit

I self-declare that I am a person with a disability. I understand that this self-declaration is established for the purpose of enrollment in the Adult Special Needs Assistance Program of Miami-Dade County Public Schools and serves as my record of impairment as established in section 12102 of the Americans with disabilities act.

Student Name: _____ Date: _____

Student Signature: _____

School: _____ Agency: _____

Disability Code: _____ Teacher's Name _____ Ref# _____