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## 2022-2023 Application for Unaccompanied and Homeless Youth Form

Student Na	me:	Student ID #:
Email Addre	ess:	Phone #:
is homeless determine y	ed on your Free Application for Federal Student Aid (FAFSA) either is or are an unaccompanied youth providing for your own living experyour eligibility for financial aid, the Office of Student Financial Aid new and submit this form with the required documentation to the Office of	nses who is at risk of being homeless. To eds additional information. Please
student who Homeless- Self-suppo Unaccomp Youth—a s Housing Fi Regular—u	Homeless youth definitions: being homeless—when a student's housing may cease to be fixed, o is being evicted and has been unable to find fixed, regular, and acceptacking fixed, regular, and adequate housing. briting—when a student pays for his own living expenses, including to banied—when a student is not living in the physical custody of a particulation of the provided in high schools ixed—stationary, permanent, and not subject to change.  used on a predictable, routine, or consistent basis.  —sufficient for meeting both the physical and psychological needs ty	dequate housing.  fixed, regular, and adequate housing.  ent or guardian.  Il as of the date he signs the application.
Attach you are	e of the following options:  Documentation Verifying Homelessness or Risk of Homelessness able to provide verification of your status as an unaccompanied you in the McKinney-Vento Homeless Assistance Act.  Have page 3 "Unaccompanied Homeless Youth Agency Confinsigned by a Liaison, Director or Designee as indicated on the form If you are unable to have this complete page 3 of this form you may status. This must be signed, dated, state their title and place of em	uth who is a homeless child or youth  rmation Form" of this form completed and . y submit an official letter, attesting to your
Unable	e to Obtain Documentation Verifying Homeless:	
0	Attach a letter explaining your situation, if you have other circumstant unaccompanied homeless youth or you are at risk of homelessness from one of the officials listed above.  Attach any information you may have in support of your statements.	s and are not able to get documentation
0	Complete page 2, "Homeless Youth Certification Request". A home will need to demonstrate that they were at risk of harm if they National Center for Homeless Education 1-800-308-2145 or home questions.	student who chooses to leave their parents continued to live with their parents. The
	omeless and Will Provide Parental Information on FAFSA: I am I	not homeless and do not qualify as an
o	empanied homeless youth or youth at risk of homelessness.  You must correct the information on your financial aid application to information.	by providing your parent(s)' financial
0	You and one parent must sign the FAFSA and submit it to the fede	eral processor.
0	If you believe you don't meet these requirements but would like to <a href="mailto:FinAid@mckendree.edu">FinAid@mckendree.edu</a> with your inquiry or call us at 618-537-682	discuss your situation email
Student's S	Signature: D	rate:

## 2022-2023 Homeless Youth Certification Request

Student Name:	Student ID #:			
If your Unaccompanied Youth status cannot Form. Complete the following form and ret page one, where you selected "Unable for further information)	turn to the Office of Financial Aid. (Only	y complete this form if directed on		
1. Date of homelessness:	Duration of homelessness:	to		
<ul><li>2. In which of the following situations did y</li><li>Motel</li><li>Car</li></ul>	ou reside during homelessness:			
Campsite				
Shelter or other temporary housing	g program			
☐ Inadequate housing (insufficient to meet physical and psychological needs)				
Temporarily living with others beca	iuse of nowhere else to go.			
3. In which of the following situations do your local state of the following situations do you local state of the follo	ou currently reside or would reside if no	ot residing in campus housing:		
☐ Motel				
☐ Car				
Campsite				
Shelter or other temporary housing	g program			
☐ Inadequate housing (insufficient to	meet physical and psychological need	ds)		
Temporarily living with others beca	use of nowhere else to go.			
Other (Please explain):				
4. Please check all scenarios that describe				
☐ I am at risk of being homeless due	to inadequate fixed income and support	ort.		
☐ I am not self-supporting and receiv	re adequate assistance/support from fa	amily/others.		
Other (Please explain):				
By signing this worksheet, I certify that all give false or misleading information, I may		is complete and correct. If I purposely		
Student's Signature:		Date:		
Financial Aid Office Use Only:  Status Verified by outside agency—qua No verification—determined to be an un Not eligible—must provide parental data	naccompanied homeless youth by finance			
Comments Supporting Decision:				
Date of Review:	Reviewed by:			

## 2022-2023 Unaccompanied Homeless Youth Agency Confirmation

Student Name:	Student ID #:	
This form must be completed by a Liaison, Dire	ctor or Designee as listed below.	
I am a: (check one)		
McKinney-Vento School District this person)	Homeless Liaison (Contact your school district for contact information on	
Director or designee of a U.S. De emergency shelter or transitiona	partment of Housing and Urban Development (HUD) funded I housing program, or	
<ul><li>Director or designee of a runawa funded by the Runaway and Hom</li></ul>	y or homeless youth basic center or transitional living program neless Youth Act (RHYA)	
I, the Liaison, Director or Designee as indi	cated above, verify thatwas:  (Print student name)	
Check one:	(Print student name)	
	<b>auth after July 1, 2021.</b> This means that after July 1, 2021, the aboveness situation, as defined by Section 725 of the McKinney-Vento Act, and parent or guardian.	
after July 1, 2021, the above-named s	ing youth at risk of homelessness after July 1, 2021: This means that, student was not in the physical custody of a parent or guardian, provides ely on his/her own, and is at risk of losing his/her housing.	
	ss Act (Public Law 110-84), I am authorized to verify this student's Financial Aid Administrator is necessary. Please contact me at the additional information regarding this student.	
Printed Name of Liaison, Director of Designee	checked above:	
Place of Employment:	Work Phone Number:	
Address of Employment:		
Email Address:		
Cianatura	Data	