

Office Use Only	-

## Office of Financial Aid

## 2024-2025 Unaccompanied Homeless Youth Form

	t Name:			
SSN (la	st four digits):	Phone Number:		
		are from one of the following official individuals is require iate official and return it to the Financial Aid office with		
I confi	rm that I, the certifying c	fficial, am one of the following (check one):		
. 🗆	A McKinney-Vento Sch	ool District Liaison		
	A Director or Designee	of a HUD funded-shelter		
	□ A Director or Designee of a RHYA-funded shelter			
AND th	nat the aforementioned	student was (check one):		
		meless youth on or after July 1, 2023, who was living in ento Act, and was not in the physical custody of a pare		
		If-supporting youth at risk of homelessness on or after guardian, provides for his/her own living expenses enti		
Name:		Phone:		
Email:				
Signatu	ıre:			
district respon educat	is required to designate sibilities under the Act, ir ion subtitle of the McKin	trict Liaisons: Under subtitle VII-B of the McKinney-Ven a liaison for students experiencing homelessness. Home acluding identifying youth who meet the definition of homey-Vento Act is overseen by the U.S. Department of Edmoneless/legislation.html	less liaisons have a number of legal omeless and are unaccompanied. The	
and ser	vices under Title IV of the	Department of Housing and Urban Development (HUD) a McKinney-Vento Act. These funds are distributed to co to: <a href="https://www.hud.gov/homelessness_resources">https://www.hud.gov/homelessness_resources</a>		
program runawa	ms. These programs prov	Department of Health and Human Services administers ide funding for Basic Centers, Transitional Living Programompanied youth. For more information, go to:		
Studen	t Signature:		Date:	