

2025-2026 UNACCOMPANIED YOUTH FORM

Student Name: _____ Student ID: **S** _____

Phone Number: _____ Email: _____ @student.cccs.edu

If, **on or after July 1, 2024**, you were unaccompanied from your parents and facing homelessness, you may be eligible for financial aid as an independent student. You may use this form to verify your circumstances. If you are unable to get documentation from one of the sources listed below, please contact the RRCC Financial Aid Office to discuss your options.

This section must be completed by either a High School District McKinney-Vento Homeless Liaison, a Director of a HUD program listed or their designee, or an RRCC Financial Aid Advisor, RRCC TRIO Director or their designee, or Gear Up designee in order to verify your status.

I AM THE:

- ☐ **McKinney-Vento School District Homeless Liaison**
listed at http://www.cde.state.co.us/dropoutprevention/homeless_liaisons
- ☐ **Director of a U.S. Department of Housing and Urban Development (HUD) emergency shelter or transitional housing program, or their designee**
- ☐ **Director or designee of a runaway or homeless youth basic center or transitional living program funded by the Runaway and Homeless Youth Act**
- ☐ **RRCC Financial Aid Advisor/RRCC TRIO Director/Gear Up designee**

I, the Liaison, Director or Designee above, verify _____ was:
CHECK ONE: (print student's name)

- ☐ **An unaccompanied homeless youth (under 24) on or after July 1, 2024.** This means that on or after July 1, 2023 this student was living in a homeless situation, as defined by Section 725 of the McKinney-Vento Act, and was not in the physical custody of a parent or guardian.
- ☐ **An unaccompanied, self-supporting youth (under 24) at risk of homelessness on or after July 1, 2024.** This means that on or after July 1, 2023 this student was not in the physical custody of a parent or guardian, provides for their own living expenses entirely on their own, and is at risk of losing their housing.

As per the College Cost Reduction and Access Act (Public Law 110-84), I am authorized to verify this student's living situation. Please use my contact information below to verify or for additional information.

Printed Name of liaison, director or designee checked above _____		_____ Title	
Place of employment _____		(_____) _____ Work phone number	
Employment address _____	City _____	State _____	Zip code _____
Signature of liaison, director, or designee _____		_____ Date	