



RRCC Financial Aid  
 13300 W. 6<sup>th</sup> Ave.  
 Campus Box 4  
 Lakewood, CO 80228  
 Fax: 303-914-6805  
 Email finaid@rrcc.edu

**2019-2020 UNACCOMPANIED YOUTH FORM**

**Student Name:** \_\_\_\_\_ **Student ID:** **S** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_ **Email:** \_\_\_\_\_ @student.cccs.edu

**Your status** for financial aid as an Independent student is based solely on your answer to either question(s) #56, 57 or 58 on the **2019-2020 FAFSA** which have to do with being an unaccompanied youth and homeless on or after July 1, 2018. Your personal situation must be verified and reviewed.

**This Section MUST be completed by either a High School District Liaison or a Director or Designee of HUD program listed in order to verify the student's status.**

**I AM THE:**

- McKinney-Vento School District Homeless Liaison**  
 (listed at [http://www.cde.state.co.us/dropoutprevention/homeless\\_liaisons](http://www.cde.state.co.us/dropoutprevention/homeless_liaisons))
- Director or Designee of a U.S. Department of Housing and Urban Development (HUD) emergency shelter or transitional housing program**
- Director or Designee of a runaway or homeless youth basic center or transitional living program funded by the Runaway and Homeless Youth Act**

**I, the Liaison, Director or Designee above, verify \_\_\_\_\_ was:**  
**(Print Student's name)**

**CHECK ONE:**

- An unaccompanied homeless youth (under 21) after July 1, 2018.** This means that, after July 1, 2018, 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 21) at risk of homelessness after July 1, 2018.** This means, after July 1, 2018, this student was not in the physical custody of a parent or guardian, provides for his/her own living expenses entirely on his/her own, and is at risk of losing his/her 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 \_\_\_\_\_