



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

2020-2021 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 **2020-2021 FAFSA** which have to do with being an unaccompanied youth and homeless on or after July 1, 2019. 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)
- ☐ **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, 2019.** This means that, after July 1, 2019, 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, 2019.** This means, after July 1, 2019, 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