



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

2021-2022 UNACCOMPANIED YOUTH FORM

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

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

If, **on or after July 1, 2020**, 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 Homeless Liaison, a Director or Designee of a HUD program listed, or an RRCC Financial Aid Advisor 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 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**
- RRCC Financial Aid Administrator**

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, 2020.** This means that, on or after July 1, 2020, 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, 2020.** This means, on or after July 1, 2020, 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