2024-2025 Unaccompanied Homeless Youth Verification Form

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STUDENT'S NAME DA		DATE OF BIRTH	STUDENT ID#
This form m	nust be completed by a Liaison, Director or Desi	gnee as listed below.	
I am providing	this letter of verification as a (check one):		
	School district homeless liaison, or designee of the liaison, as designated by the McKinney-Vento Homeless Assistance Act.		
	Director or a designee of a director of an emergency or transitional shelter, street outreach program, homeless youth drop-in center, or other program serving individuals who are experiencing homelessness.		
	Director or a designee of a director of a program funded under TRIO or GEAR UP.		
I, the Liaison,	Director, or Designee as checked above, verify th	nat	was:
	An unaccompanied homeless youth on or after July 1, 2023 This means that on or after July 1, 2023, the student named above 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 at risk of homelessness on or after July 1, 2023 This means that on or after July 1, 2023, the student named above 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.		
situation. N	·	d Administration is	, I am authorized to verify this student's living s necessary. Please contact me at the number his student.
PRINTED NAME OF LIAISON, DIRECTOR, OR DESIGNEE CHECKED ABOVE			E
PLACE OF EMPLOYMENT		WOF	RK PHONE NUMBER
PLACE OF EMPL	OYMENT ADDRESS (INCLUDE CITY, STATE, ZIP)		
AUTHORIZED SIGNATURE		DATI	

Do not mail this form to the U.S. Department of Education. Submit this form and any other required documentation to the financial aid administrator at your school.