



FINANCIAL AID OFFICE

50 Frida Kahlo Way, MUB Room 270 • San Francisco, CA 94112 ☎ • (415) 239-3577

Must submit in person

2019 – 2020

Unaccompanied Homeless Youth Verification Form

OFFICE USE ONLY

Student's Name: _____
PLEASE PRINT CLEARLY

CCSF ID#: _____

A. UNACCOMPANIED HOMELESS YOUTH

On your 2019-2020 FAFSA, you answered “Yes” to either question 56, 57 or 58. Please read the definitions below before you continue completing this form. We must have this form completed and any required documentation before we can continue processing your financial aid file.

- “**Homeless**” means lacking fixed, regular and adequate housing. You may be homeless if you are living in shelters, parks, motels, hotels, public spaces, camping grounds, cars, abandoned buildings, or temporarily living with other people because you have nowhere else to go. Also, if you are living in any of these situations and fleeing an abusive parent, you may be considered homeless even if your parent would otherwise provide a place to live.
- “**Unaccompanied**” means you are not living in the physical custody of your parent or guardian.

Instructions:

Please check the box that applies to your situation and attach the completed certification form.

At any time on or after July 1, 2018, my high school or school district homeless liaison determined that I was an unaccompanied youth who was homeless or was self-supporting and at risk of being homeless.

- Submit signed and complete Certification Form (**Please see reverse side**)

At any time on or after July 1, 2018, the director of an emergency shelter or transitional housing program funded by the U.S. Department of Housing and Urban Development determined that I was an unaccompanied youth who was homeless or was self-supporting and at risk of being homeless

- Submit signed and complete Certification Form (**Please see reverse side**)

At any time on or after July 1, 2018, the director of a runaway or homeless youth basic center or transitional living program determine that I was an unaccompanied youth who was homeless or was self-supporting and at risk of being homeless.

- Submit signed and complete Certification Form (**Please see reverse side**)

By signing this worksheet, I certify that all information reported on this worksheet is complete and correct under penalty of perjury.

WARNING: If you purposely give false or misleading information, you may be fined, be sentenced to jail, or both.

Student's Signature

Date

CERTIFICATION FORM

I _____ / _____ authorize the certifying official to verify my

Print Student's Name _____ **Sign** _____

“homeless” status. Certifying that I was either considered an unaccompanied youth who was homeless or at risk of being homeless at any time on or after July 1, 2018 to CCSF Financial Aid Office.

B. Appropriate Official – Select ONLY ONE

McKinney-Vento School District Liaison: Under subtitle VII-B of the McKinney-Vento Homeless Assistance Act, every school district is required to designate a liaison for students experiencing homelessness. Homeless liaisons have a number of legal responsibilities under the Act, including identifying youth who meet the definition of homeless and are unaccompanied. The education subtitle of the McKinney-Vento Act is overseen by the U.S. Department of Education. For more information go to: <http://www.ed.gov/programs/homeless/legislation.html>

Printed Name: _____ E-mail: _____
Address: _____ Phone: (____) _____ - _____

A Director or Designee of a HUD-funded shelter: The U.S. Department of Housing and Urban Development (HUD) administers funding for homeless shelters and services under Title IV of the McKinney-Vento Act. These funds are distributed to communities through a competitive Grant process. For more information go to: http://portal.hud.gov/hudportal/HUD?src=/program_offices/comm_planning/homeless

Printed Name: _____ E-mail: _____
Address: _____ Phone: (____) _____ - _____

A Director or Designee of RHYA-funded shelter: The U.S. Department of Health and Human Services administers the Runaway and Homeless Youth Act programs. These programs provide funding for Basic Centers, Transitional Living Programs, and Street Outreach Programs that serve runaway and other unaccompanied youth. For more information, go to: <http://www.acf.hhs.gov/programs/fysb/programs/runaway-homeless-youth>

Printed Name: _____ E-mail: _____
Address: _____ Phone: (____) _____ - _____

C. Unaccompanied Homeless Youth- Select ONLY ONE (to be completed by appropriate official)

An unaccompanied homeless youth* on or after July 1, 2018, who 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, 2018, who 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.

* **“Youth”** means you are **23** years of age or younger or you are still enrolled in high school as of the day you signed the 2019-2020 Free Application for Federal Student Aid (FAFSA).

D. Appropriate Official's Consent

By signing this worksheet, I certify that all information reported on this worksheet is complete and correct under penalty of perjury.

Official's Signature: _____ Date: _____