Unaccompanied Homeless Youth Verification

Student’s First and Last Name ___________________________________________ Student's W ___________________________________________

This form is used to verify that you are/were an unaccompanied youth who was homeless OR an unaccompanied youth providing for your own living expenses who is at risk of being homeless.

“Homeless” means lacking fixed, regular and adequate housing, which includes living in shelters, motels, autos, or temporarily living with other people because you had nowhere else to go. “Unaccompanied” means you are not living in the physical custody of your parent or guardian. “Youth” means you are 21 years of age or younger or you are still enrolled in high school as of the day you sign the FAFSA.

Please complete this form by checking one of the boxes below and returning it to our office along with any required documentation.

☐ Attaching documentation verifying homelessness or risk of homelessness:
By checking this box, you declare that you ARE able to provide verification of your status as an unaccompanied youth who is a homeless child or youth defined in the McKinney-Vento Homeless Assistance Act. You must sign the second page of this form and have it completed and signed by a Liaison, Director, or Designee as indicated below.

☐ Unable to obtain documentation?
Please reach out to Christina Millemon SEO Project Manager for the University of Wyoming to request an appointment by emailing Christina directly at cirion@uwyo.edu.

☐ Not homeless and will provide parental information on your financial aid application:
I am not homeless and do not qualify as an unaccompanied homeless youth or youth at risk of homelessness. You must correct the information on your financial aid application by providing your parental financial information. You and one parent must sign the FAFSA and submit it to the federal processor.
Unaccompanied Homeless Youth Determination

This section to be completed by a Liaison, Director or Designee as listed below:

Please verify your position by checking one of the following:

I am a: (check one)

☐ A McKinney-Vento School District Liaison
☐ A director or designee of a U.S. Department of Housing and Urban Development (HUD) funded emergency shelter or transitional housing program
☐ A director or designee of a runaway or homeless youth basic center or transitional living program funded by the Runaway and Homeless Youth Act (RHYA)
☐ Trio or GEAR UP Coordinator

I, the Liaison, Director or Designee as checked above, verify that ___________________________ was:

(Name of Student)

Check one:

☐ An unaccompanied youth (under 21) who was homeless on or after July 1, 202_
☐ An unaccompanied youth who is self-supporting and at risk of being homeless on or after July 1, 202_

I am authorized to verify this student’s living situation.

__________________________________________
Liaison/Director/Designee Printed Name

__________________________________________
Title

__________________________________________
Place of Employment

__________________________________________
Work Phone Number

__________________________________________
Signature of Liaison/Director/Desigenee

__________________________________________
Date

Student Signature

Please note: All signatures must be handwritten (electronic signatures will not be accepted)

__________________________________________
Student Signature

Date _______