

2023-24 Unaccompanied Homeless Youth Determination**TO BE COMPLETED BY AUTHORIZED OFFICIAL***(except for student signature at the bottom)*

Please identify your role:

- A local educational agency homeless liaison, as designated by the *McKinney-Vento Homeless Assistance Act* (42 U.S.C. 11432(g)(1)(J)(ii)), or a designee of the liaison.
- The director of an emergency or transitional shelter, street outreach program, homeless youth drop-in center, or other program serving individuals who are experiencing homelessness, or a designee of the director.
- The director of a Federal TRIO program or a Gaining Early Awareness and Readiness for Undergraduate program (GEAR UP) grant, or a designee of the director.
- A financial aid administrator at another institution who documented the student's circumstance in the same or a prior award year.

I verify that(enter student's first and last name)_____was:

- An unaccompanied homeless youth (under age 24) after July 1, 2022**
This means that at any time on or after July 1, 2022 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 (under the age of 24) at risk of homelessness on or after July 1, 2022**
This means that at any time on or after July 1, 2022, the student named above was not in the physical custody of a parent or guardian, provides for their own living expenses entirely, including fixed, regular and adequate housing, and is at risk of losing their housing.

By signing this form, I acknowledge the following:

- I am authorized to verify this student's living situation per the FAFSA Simplification Act (Public Law No: 116-260).
- All of the information reported to qualify for Federal/State student aid is complete and correct.
- I can be contacted at the number listed below to verify or to request additional information regarding this student.

Officials Name and Title: _____

Agency: _____ Phone #: _____

Agency Address: _____ State: _____ Zip Code: _____

Official's Signature: _____ Date: _____

Student Address: _____ SCC ID: _____

Student Signature: _____ Date: _____