

(PLACE AGENCY/SCHOOL LETTERHEAD HERE)

Unaccompanied Homeless Youth Documentation of Independent Student Status for the FAFSA

Name of Student: _____
Last First MI.

Student DOB: ____ / ____ / ____ (mm/dd/yyyy)

I am providing this letter of documentation as (check one):

- ☐ A McKinney-Vento School District Liaison
- ☐ A director or designee of a HUD-funded shelter (list shelter name): _____
- ☐ A director or designee of a RHYA-funded shelter (list shelter name): _____
- ☐ A financial aid administrator (list institution name): _____

As per the College Cost Reduction and Access Act (Public Law 110-84), I am authorized to document this student's living situation and determine his/her independent student status as an unaccompanied homeless youth or unaccompanied, self-supporting youth at risk of homelessness. No further verification by the Financial Aid Administrator is necessary. Should you have additional questions or need more information about this student, please contact me at the number or e-mail address listed below.

This letter is to confirm that the above named student was (check one):

☐ **an unaccompanied homeless youth after July 1, 2019.**

This means that, after July 1, 2019, the above named 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 at risk of homelessness after July 1, 2019.**

This means that, after July 1, 2019, the above named student 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.

Authorized Signature of Agency/School Official	Date
Print Name of Agency/School Official	Phone Number
Title of Agency/School Official	
Agency/School	

RETURN COMPLETED FORM TO: Financial Aid Office. College of the Ozarks, P.O. Box 17, Point Lookout, MO 65726; email financialaid@cofo.edu;