



2014-2015 Unaccompanied Homeless Youth Verification Letter

Printed Student Name \_\_\_\_\_ SU ID: \_\_\_\_\_
Phone Number \_\_\_\_\_

Please check the question that matches your situation:

\_\_\_ At any time on or after July 2013, did your high school district homelessness liaison determine that you were an unaccompanied youth who was homeless?

\_\_\_ At any time on or after July 2013, did the director of an emergency shelter or transitional housing program funded by the U. S. Department of Housing and Urban Development determine that you were an unaccompanied youth who was homeless?

\_\_\_ At any time on or after July 2013, did the director of a runaway or homeless youth basic center of transitional living program determine that you were an unaccompanied youth who was homeless or was self-supporting and at risk of being homeless?

- If you checked any of the questions above, bring this signed form to one of the appropriate officials listed below.

I authorized the Liaison\Director\Designee to complete this form and to fax it directly to Salisbury University.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Liaison\Director\Designee

Please complete this document to verify this student's homelessness status.

I am authorized to verify this student's status based on my responsibilities as a (check one):

- \_\_\_ McKinney-Vento School District Liaison
\_\_\_ Director or Designee of a HUD funded shelter
\_\_\_ Director or Designee of a RHYA funded shelter

I am confirming that the student listed above is or was (check one):

\_\_\_ an unaccompanied homeless youth after July 1 2013. S/he 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 homeless after July 1, 2013. S/he was not in the physical custody of a parent or guardian, provides for his/her own living expenses entirely on his/her own, and was at risk or losing his/her housing.

Signature of Official \_\_\_\_\_ Date \_\_\_\_\_

Printed Name of Official \_\_\_\_\_ Phone Number \_\_\_\_\_

Title of Official \_\_\_\_\_ Agency Name \_\_\_\_\_