



**2018-2019 Unaccompanied Homeless Youth Verification Form**

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

Current Address: \_\_\_\_\_

Email: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**Section 1- ALL APPLICANTS:**

You must provide a self-written statement regarding your situation including as much detail as possible regarding your status as an unaccompanied homeless youth. Please tell your story in your own words and include information regarding your relationship with both of your parents, your current and past living arrangements, your employment status, sources of monetary support and your ability to be self-supporting.

**Section 2:**

Complete this section if you are able to provide documentation regarding your status as an unaccompanied homeless youth from one of the following sources: (1) McKinney-Vento School District Liaison; (2) Director or Designee of a HUD funded shelter; (3) Director or Designee of a RHYA funded shelter.

*If you are not able to provide confirmation from one of the above three designees regarding your status, please complete Section 3.*

**Please check the question that matches your situation:**

- At any time on or after July 2017, did your high school district homelessness liaison determine that you were an unaccompanied youth who was homeless?
  
- At any time on or after July 2017, 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 2017, 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?

**Section 2 (continued):**

**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 \_\_\_\_\_ is or was (check one):**  
Student's Full Name

- an unaccompanied homeless youth after July 1 2017. 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, 2017. 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 of losing his/her housing.

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

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

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

Email Address \_\_\_\_\_

*\*proceed to section 4*

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**Section 3:** Complete this section ONLY if you believe you qualify to be considered an unaccompanied homeless youth and are **UNABLE** to provide documentation regarding your status as an unaccompanied homeless youth from one of the following sources: (1) McKinney-Vento School District Liaison; (2) Director or Designee of a HUD funded shelter; (3) Director or Designee of a RHYA funded shelter (as listed in Section 2).

1. In which of the following situations do you currently reside:

- |                                   |                                                                                                     |
|-----------------------------------|-----------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Motel    | <input type="checkbox"/> Shelter or other temporary housing program                                 |
| <input type="checkbox"/> Car      | <input type="checkbox"/> Inadequate housing (insufficient to meet physical and psychological needs) |
| <input type="checkbox"/> Campsite | <input type="checkbox"/> Temporarily living with others because you have nowhere else to go         |

How long have you been living in this situation? \_\_\_\_\_

2. If you are living in another household, check all of the reasons that apply:

- Loss of housing
- Economic hardship resulting in inability to secure fixed, regular and adequate housing
- Other \_\_\_\_\_

3. Provide a signed, written statement from a third-party professional who can verify your situation as an unaccompanied homeless youth or self-supporting and at risk of being homeless. Examples of third-party professionals include: teachers, counselors, medical authorities, members of clergy, social workers, etc. Statements from third-party professionals should be submitted on company-issued letterhead and include appropriate contact information. The financial aid office reserves the right to contact third-party professionals who provide supporting documentation.
4. Provide a signed, written statement from someone outside of your immediate family who can testify to your situation as an unaccompanied homeless youth. The statement should include appropriate contact information. The financial aid office reserves the right to contact the person providing information on your behalf.

*\*proceed to section 4*

**Section 4- ALL APPLICANTS- Student Certification Statement:**

I certify that the information I have provided on this form and all accompanying documentation is true and correct to the best of my knowledge. I agree to submit additional documentation to support my circumstance should the financial aid office make such a request.

I hereby authorize Salisbury University to inquire and discuss with appropriate agencies and/or individuals the content of my application to determine if I am entitled to status as an unaccompanied homeless youth. I also, by my signature below, authorize anyone that Salisbury University contacts or who I contact and ask for assistance to discuss and release any information to Salisbury University. This authorization can be revoked by writing or emailing, the Director of Financial Aid at [finaid@salisbury.edu](mailto:finaid@salisbury.edu) and revoking such authorization in writing. I hereby release from liability Salisbury University, the University System of Maryland, the State of Maryland and their officials, employees, agents, Board of Regents as well as those individuals/agencies who provide information to Salisbury University.

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

**Student SU ID:** \_\_\_\_\_