Financial Aid & Scholarships Office
UNIVERSITY OF COLORADO **DENVER | ANSCHUTZ MEDICAL CAMPUS**

2021-2022 Unaccompanied Youth Form

Student Name: _____ Student ID: _____

Your status as an independent student for the 2021-2022 financial aid year is based solely on your response that you are an unaccompanied youth who was homeless on or after July 1, 2020. To verify this, please have one of the authorized individuals listed below complete this form. Select the appropriate individual based on your situation. If one of the individuals listed is unable to complete this form, and you believe you are an unaccompanied youth who was homeless on or after July 1, 2020, please contact our office.

Section to be completed by a Liaison, Director or Designee as listed below.

I am a: (check one)

- ☐ McKinney-Vento School District Homeless Liaison (Contact your school district for contact information on this person)
- ☐ Director or designee of a U.S. Department of Housing and Urban Development (HUD) funded emergency shelter or transitional housing program, or
- ☐ Director or designee of a runaway or homeless youth basic center or transitional living program funded by the Runway and Homeless Youth Act (RHYA)

I, the Liaison, Director or Designee as checked above, verify that the following student, _____ was:
(Print student's name)

Check one:

- ☐ An unaccompanied homeless youth (age 23 and younger) after July 1, 2020 - This means that, after July 1, 2020, the student named above was living in a homeless situation, as defined by Section 725 of the McKinney-Vento Act, and was <u>not</u> in the physical custody of a parent or guardian.
- ☐ An unaccompanied, self-supporting youth (age 23 and younger) and at risk of homelessness after July 1, 2020. This means that, after July 1, 2020, the student named above 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.

As specified under the College Cost Reduction and Access Act (Public Law 110-84), I am authorized to verify this student's living situation. No further verification by the Financial Aid Administrator is necessary. Please contact me at the number listed below to verify or to request additional information regarding this student.

_____ _____
Printed Name of liaison, director or designee checked above Title

_____ _____
Place of employment Office phone number

_____ _____ _____ _____
Complete Address of place of employment City State Zip Code

_____ _____
Signature in ink of Liaison, director or designee Date

I certify that all the information provided on this form is true and complete. I hereby authorize the individual who signed this form to discuss my situation in regard to this application for financial aid with the staff at the CU Denver | Anschutz Medical Campus Financial Aid & Scholarships Office.

_____ _____
Student Signature (signature in ink required) Date

Upload completed forms to www.ucdenver.edu/fadocs

Denver: Student Commons Building 5105 | PO Box 173364 | Campus Box 125 | Denver, CO 80217 | 303.315.1850 |Financialaid@ucdenver.edu
Anschutz Medical Campus: Education 2 North | 13120 E. 19th Ave | Box A088 | Aurora, CO 80045 | 303.724.8039 | Financial.Aid@ucdenver.edu