COMMUNITY COLLEGE OF DENVER

Financial Aid & Scholarships
Confluence Building – Room 120
800 Curtis St. Denver, CO 80204
303.556.5503 | financialaid@ccd.edu

2020-2021 UNACCOMPANIED HOMELESS YOUTH

Student Name (print): _____

S#: _____ Phone: _____

Student E-mail: _____

Note: Your official CCD email account is the only email CCD will accept for correspondence.

Student Signature: _____ Date: _____

This form must be completed by the Liaison, Director or Designee who is authorized to verify the student's status. Please indicate your role below (check one):

- ◯ McKinney-Vento School District Homeless Liaison
- ◯ Director or Designee of a HUD-funded shelter or transitional housing program
- ◯ Director or Designee of a RHYA-funded shelter
- ◯ Financial Aid Administrator

I, the Liaison, Director or Designee above, verify _____ (print student's name) is (check one):

- ◯ An unaccompanied homeless youth after July 1, 2019. This means that, after July 1, 2019 _____ (print student's name) 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.

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S#: _____

◯ An unaccompanied, self-supporting youth at risk of homelessness after July 1, 2019. This means that after July 1, 2019 _____ (print student's name) was not in the physical custody of a parent or guardian, provided for their own living expenses entirely on their own and was at risk of losing their housing.

Per the College Cost Reduction and Access Act (Public Law 110-84), I am authorized to verify this student's living situation.

Authorized Signature: _____ Date: _____

Print Name: _____ Phone Number: _____

Title: _____

Agency: _____