

# Unaccompanied Homeless Youth Verification for the Purposes of Independent Status on Free Application for Federal Student Aid (FAFSA)



Developmental Research School  
at the University of Florida

Name of Student:	
Date of Birth:	SSN:
Current Mailing Address of Student (if none, please list name, phone number, and mailing address of current contact):	
<p><i>Note: Per the College Cost Reduction and Access Act (Public Law 110-84), as the McKinney-Vento School District Liaison, I am authorized to verify this student's living situation. 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.</i></p>	
<p>As the McKinney-Vento School District Liaison for P.K. Yonge Developmental Research School, this is to verify that the aforementioned unaccompanied homeless student has been living in a homeless situation during his or her senior year and attending school in Florida for the 2018-2019 school year.</p> <p>Check one:</p> <p><input type="checkbox"/> an unaccompanied homeless youth This means that, after July 1, _____, (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.</p> <p><input type="checkbox"/> an unaccompanied, self-supporting youth at risk of homelessness This means that, after July 1, _____, (Name)_____ 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.</p> <p>Should you have additional questions or need more information about this student, please contact me at the number or e-mail listed below.</p>	
Authorized Signature:	Date:
Print Liaison's Name:	Telephone Number:
Title:	E-mail:
School District:	