



2025-26 Unaccompanied Homeless Youth Form

On the Free Application for Federal Student Aid (FAFSA), you indicated you were an unaccompanied youth who was homeless or self-supporting and at risk of being homeless at any time on or after July 1, 2024. To determine your financial aid eligibility, the Financial Aid Office needs additional information from you. Please complete this form and return all required documents to our office.

SECTION A: Student Information

Name: _____ Student ID Number: _____

Address: _____ City: _____ State: _____ Zip: _____

Primary Phone: _____

SECTION B: Determination

Please note the following definitions:

Homeless - lacking fixed, regular, and adequate housing. You may be homeless if you live in shelters, parks, motels, hotels, public spaces, camping grounds, cars, abandoned buildings, or temporarily living with others because you have nowhere else to go. Also, if you are living in any of these situations and fleeing an abusive parent, you may be considered homeless even if your parent would otherwise provide a place to live.

Unaccompanied - you are not living in the physical custody of your parent or guardian.

If you believe you are an Unaccompanied Homeless Youth – Please check one of the options below and attach the required supporting documentation.

<input type="checkbox"/> On or after July 1, 2024, my high school or school district homeless liaison determined that I am an unaccompanied youth who was homeless or self-supporting and at risk of being homeless. <input type="checkbox"/> <i>Attached is documentation from a McKinney-Vento School District Liaison or a designee of the liaison.</i>
<input type="checkbox"/> On or after July 1, 2024, the director of an emergency shelter or transitional housing program funded by the U.S. Department of Housing and Urban Development determined that I was an unaccompanied youth who was homeless or was self-supporting and at risk of being homeless. <input type="checkbox"/> <i>Attached is documentation from a director or designee of a HUD-funded shelter.</i>
<input type="checkbox"/> On or after July 1, 2024, the director of a runaway or homeless youth basic center or transitional living program determined that I was an unaccompanied youth who was homeless or was self-supporting and at risk of being homeless. <input type="checkbox"/> <i>Attached is documentation from a director or designee of a runaway or homeless youth basic center or transitional living program.</i>
<input type="checkbox"/> I was not determined to be an unaccompanied youth who was homeless by any of the organizations above, but I am an unaccompanied homeless youth, or unaccompanied, at risk of homelessness, and self-supporting. <input type="checkbox"/> <i>Attached are two signed and dated letters. One letter from a professional (homeless shelter provider, high school counselor, health professional, social worker, doctor, clergy member, etc.) on letterhead and the second from myself, verifying my status. (If you have difficulty obtaining documentation, please get in touch with the Financial Aid office for additional guidance.)</i>
<input type="checkbox"/> I made an error on my FAFSA. I am not homeless or at risk of being homeless. <input type="checkbox"/> <i>You and your parent MUST correct the information on your FAFSA at www.studentaid.gov.</i>

SECTION C: Certification Statement **Digital signatures are not permitted**

I certify that all of the information on this form and accompanying documents are true and complete to the best of my knowledge. Furthermore, I affirm that I have not knowingly or intentionally provided any false or fraudulent documentation.

Student Signature: _____ **Date:** _____

Acceptable signature formats include hand-written signatures, signatures made using a stylus or finger or an image representation of your signature.

FOR FINANCIAL AID OFFICE USE ONLY

ACTION TAKEN:

☐ an unaccompanied homeless youth on or after July 1, 2024.

The student named above 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 homelessness after July 1, 2024.

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.

Name of authorized school official: _____

Title: _____

Signature of authorized school official: _____ **Date:** _____

MAIL FORM TO:

Clark State College, Financial Aid Office
570 E. Leffel Lane, Springfield, Ohio 45505
financialaid@clarkstate.edu • 937-328-6034