



**Kaskaskia College  
Financial Aid Office**

(618) 545-3080 | [www.kaskaskia.edu](http://www.kaskaskia.edu) | [kcfinaid@kaskaskia.edu](mailto:kcfinaid@kaskaskia.edu)  
27210 College Road, Centralia, Illinois 62801

## Unaccompanied Homeless Youth 2025-2026

You reported on your Free Application for Federal Student Aid (FAFSA) that you are an unaccompanied youth who is homeless or are an unaccompanied youth providing for your own living expenses who is at risk of being homeless. We must have this completed form and any required documentation before we can continue processing your financial aid. **Remember to include your student ID number on all documentation submitted.**

Name: \_\_\_\_\_ KC ID: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Current Mailing Address: \_\_\_\_\_  
Street City Zip Code

### **SECTION A-Determination of Unaccompanied Homeless Youth (Must be completed by student)**

A student is homeless when lacking fixed, regular, and adequate housing, or is at risk of being homeless when housing may cease to be fixed, regular, and adequate. You should submit this form if you had a determination that you were an unaccompanied youth that was homeless or at risk of being homeless on or after July 1, 2024.

Are you 21 years of age or younger? ☐ YES ☐ NO

- **If NO, STOP**—you are not eligible to complete this form. If you are above the age of 21 but not yet 24 you may not qualify for unaccompanied youth status, but you may qualify to submit a Dependency Override Appeal.
- If YES, you may continue.

What is your current living situation?

- ☐ Off Campus
- ☐ With Family
- ☐ With Friends
- ☐ Other: (Please describe) \_\_\_\_\_

☐ **I am unaccompanied homeless youth** (After July 1, 2024, I was living in a homeless situation and was not in the physical custody of a parent or guardian.)

☐ **I am an unaccompanied, self-supporting youth at risk of homelessness** (After July 1, 2024 I was not in the physical custody of a parent or guardian, I provided for my living expenses entirely on my own, and I am at risk of losing my housing.)

**\*IF EITHER OF THESE SITUATIONS APPLY YOU MUST HAVE SECTION B COMPLETED BY A YOUTH HOUSING OFFICIAL\***

**SECTION B -Youth Housing Information (Must be completed by a youth housing official)**

According to the College Cost Reduction and Access Act (Public Law 110-84), I, the official listed below, am authorized to verify the above student's living situation. No further verification by the Kaskaskia Office of Financial Aid is necessary. Should you have any questions or need more information about this student please contact our office at the number listed below.

**I confirm the following about the student listed above (please check one):**

- ☐ The student is an unaccompanied homeless youth after July 1, 2024. Definition: after July 1, 2024, the student 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.
- ☐ The student is an unaccompanied self-supporting youth at risk of homelessness after July 1, 2024. Definition: after July 1, 2024, the student was not in the physical custody of a parent or guardian, provides for his or her own living expenses entirely on his or her own and is at risk of losing his or her housing.

**Youth Housing Official Full Name** \_\_\_\_\_

**Title** \_\_\_\_\_ **Phone Number** \_\_\_\_\_

**Mailing Address** \_\_\_\_\_  
Street City State Zip

Affiliation (Please check one.)

- ☐ McKinney-Vento School District Liaison
- ☐ Director or designee of a HUD-funded shelter
- ☐ Director or designee of a RHYA-funded shelter

**Youth Housing Official Signature** \_\_\_\_\_

**Date form was signed** \_\_\_\_\_

**SECTION C- Additional Documentation Letter (Must be on official letterhead)**

Additional Documentation must be provided by the Official that filled out this paperwork explaining the student's situation on official letterhead.

**SECTION D- Certification and Signature (Must be completed by student)**

Certification: I certify that the submitted information is true and correct to the best of my knowledge and belief. If asked by an authorized official, I agree to provide additional proof of the information provided on this form. I understand that purposely providing false or misleading information on this form may result in reduction or repayment of aid, fines and/or imprisonment in this and/or future years.

**Student's Signature** \_\_\_\_\_

**Date form was signed** \_\_\_\_\_