



Financial Aid  
 May Hall, Room 111  
 Dickinson State University  
 291 Campus Drive  
 Dickinson, ND 58601-4896

Office Hours: 7:45 a.m. - 4:30 p.m. Monday - Friday  
 Phone: 1-800-279-4295 ext. 2 or 701-502-4407  
 Fax: 701-483-2409  
 Web: www.dickinsonstate.edu  
 Email: dsu.financialaid@dickinsonstate.edu

## 2024-2025 Unaccompanied/Self-Supporting Youth Homeless Form

Student's Name \_\_\_\_\_ Student's ID# \_\_\_\_\_

On your 2024-25 FAFSA, you indicated that at any time **on or after July 1, 2023**, you were an unaccompanied youth who was homeless or were self-supporting and at risk of being homeless. Please mark the category below that pertains to your specific situation. If you have any questions on how to complete this form or what you need to submit, contact the Financial Aid office.

***Unaccompanied youth- means you are 21 years of age or younger or still enrolled in high school, and not living in the physical custody of your parent or guardian.***

***Homeless- means lacking a fixed, regular and adequate nighttime residence. You may be homeless if you are living in shelters, parks, motels or cars, or temporarily living with other people 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 provide support and a place to live.***

**Is Student an Unaccompanied Homeless Youth as Determined by High School/Homeless Liaison?**

- **Acceptable documentation:**
  - McKinney-Vento practitioner – **Sign BACK OF THIS FORM**
  - Signed form or letter on official letterhead from your high school counselor who is familiar with your situation

**Is Student an Unaccompanied Homeless Youth as Determined by HUD or Director of Homeless Youth Center?**

- **Acceptable documentation:**
  - Director or designee of an emergency shelter program funded by the Department of Housing and Urban Development (HUD) – **Sign BACK OF THIS FORM**
  - Director or designee of a runaway or homeless youth basic center or transitional living program – **Sign BACK OF THIS FORM**
  - Signed form or letter from state homeless education coordinator or the National Center for Homeless Education
  - Signed form or letter from private or publicly funded homeless shelter or service provide

**Is Student an Unaccompanied Homeless Youth as Determined by a federal TRIO or GEAR UP program grant?**

- **Acceptable documentation:**
  - Signed form or letter on official letterhead from director of college access program such as TRIO or GEAR UP who is familiar with your situation

**Is Student an Unaccompanied Homeless Youth as Determined by someone else?**

- **Acceptable documentation:**
  - Signed form or letter on official letterhead from a mental health professional, social worker, clergy member or doctor who is familiar with your situation

**I do not have any of the documentation listed above.** If you check this box, you will need to schedule an appointment/interview with the Financial Aid Office to determine whether you meet the guidelines to be considered homeless or an independent for financial aid purposes.

To ensure timely processing of your aid, we ask that you submit this form and documentation **within 2 weeks**. Your financial aid will not be processed until the Verification process has been completed. Be sure to check your To Do List on Campus Connection for any other documents that are needed to complete Verification.

I certify the information on this form is true and complete to the best of my knowledge. I understand that purposely giving false or misleading information may result in fines, penalties, and/or reduction or immediate repayment of aid. I understand that the information provided on this form may affect my financial aid eligibility/award.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

**Note: Unsigned documents will be returned. This form must be signed with a physical signature. Typed names or electronic signatures are not acceptable.**

**Have the appropriate official complete the form.**

**I am providing this verification as a (check one):**

McKinney-Vento School District Liaison

Director of designee of a HUD-funded shelter

Director or designee of a RHYA-funded shelter

As per the College Cost Reduction and Access Act (Public Law 110-84), I am authorized to verify this student living situation. Should you have additional questions or need more information about this student, please contact me at the number below.

This is to confirm that \_\_\_\_\_ was:

An unaccompanied homeless youth after July 1, 2023.

This means that after July 1, 2023 \_\_\_\_\_ 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, 2023.

This means that after July 1, 2023 \_\_\_\_\_ was not in the physical custody of a parent or guardian, provides for his/her own living expense entirely on his/her own, and is at the risk of losing his/her housing.

**By signing this worksheet, I certify that all of the information reported on this worksheet is complete and correct.**

Print Name: \_\_\_\_\_

Title: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_