



**SEWARD COUNTY  
COMMUNITY COLLEGE**

**OFFICE OF STUDENT FINANCIAL AID**  
**PO Box 1137**  
**Liberal, KS 67905-1137**  
**Phone: 620-417-1110**  
**Email: [financialaid@sccc.edu](mailto:financialaid@sccc.edu)**

**2022-2023  
Unaccompanied/  
Homeless Youth  
Verification**

Student Name \_\_\_\_\_

Student SCCC ID # \_\_\_\_\_

Phone number (include area code) \_\_\_\_\_

Date of Birth \_\_\_\_\_

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

- ☐ A McKinney-Vento School District Liaison
- ☐ A director or designee of a HUD (U.S. Dept. of Housing & Urban Development) funded shelter
- ☐ A director of a RHYA (Runaway or Homeless Youth Basic Center) or Transitional Living Program

As per the College Cost Reduction and Access Act (Public Law 110-84), 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 listed below.

**This completed form confirms that \_\_\_\_\_ was:**  
(Name of Student)

Check one:

☐ **An unaccompanied homeless youth on or after July 1, 2021:**

This means that, on or after July 1, 2021, the above-named 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.

☐ **An unaccompanied, self-supporting youth at risk of being homeless on or after July 1, 2021.** This means that, after July 1, 2021, the above-named student 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.

Authorized Signature	Date
Print Name	Telephone Number
Title	
Agency	

**RETURN COMPLETED FORM TO:** SCCC Fin Aid Office, PO Box 1137, Liberal, KS 67901 or via fax 620-417-1119