



# CENTENNIAL BOCES

Board of Cooperative Educational Services  
[www.cboces.org](http://www.cboces.org)

**Greeley Office**  
2020 Clubhouse Drive  
Greeley, CO 80634  
970-352-7404 Office  
970-352-7350 Fax

**Morgan County Office**  
821 West Platte Avenue  
Ft Morgan, CO 80701  
970-867-8297 Office  
970-867-6129 Fax

Briggsdale School  
Estes Park R-3  
Platte Valley RE-7  
St. Vrain Valley Schools  
Weld RE-9  
Weld RE4

### Member Districts

Brush RE-2J  
Morgan County RE-3  
Prairie RE-11J  
Weld RE-1  
Weldon Valley RE-20J

Eaton RE-2  
Pawnee RE-12  
RE-1 Valley  
Weld RE-5J  
Wiggins RE-50J

## Youth Unaccompanied Homeless Documentation of Independent Student Status for the FAFSA

Student's Name: \_\_\_\_\_

DOB: \_\_\_/\_\_\_/\_\_\_

SSN: \_\_\_-\_\_\_-\_\_\_

Current Mailing Address of Student (if none, please list name, phone number, and mailing address of current contact):  
\_\_\_\_\_

I am providing this letter of documentation as (check one):

- A School District McKinney-Vento Homeless Education Liaison.
- A director or designee of a HUD-funded emergency shelter or transitional housing program (shelter/program name): \_\_\_\_\_
- A director or designee of a runaway or homeless youth basic center or transitional living program (center/program name): \_\_\_\_\_
- A financial aid administrator (list institution name): \_\_\_\_\_

As per the College Cost Reduction and Access Act (Public Law 110-84), I am authorized to document this student's living situation and determine their independent student status as an youth, unaccompanied & lacking their own home or was self-supporting and at risk of being homeless. 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.

**This letter is to confirm I determined the above-mentioned student was a youth, unaccompanied who was lacking a permanent house or was self-supporting and at risk of being homeless during their graduation / GED year.**

Authorized Signature	Date
Print Name	Telephone Number
Title	
Agency	