



Financial Aid
2715 Dickinson
Miles City, MT 59301
406-874-6208 finaid@milescc.edu

2025-2026 UNACCOMPANIED HOMELESS YOUTH

Student Name (print): _____

MCCID#: _____ Phone: _____

Student E-mail: _____

Student Signature: _____ Date: _____

This form must be completed by the Liaison, Director or Designee who is authorized to verify the student’s status. Please indicate your role below (check one):

- McKinney-Vento School District Homeless Liaison or their Designee
- Director or Designee of emergency or transitional shelter, street outreach program, homeless youth drop in center, or other program serving individuals experiencing homelessness
- Director of TRIO or GEAR UP program or their designee
- Financial Aid Administrator

I, the Liaison, Director or Designee above, verify _____
(print student’s name) is (check one):

- An unaccompanied homeless youth after July 1, 2024. This means that, after July 1, 2024

_____ (print student’s name) 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.

2024-2025 UNACCOMPANIED HOMELESS YOUTH

MCC ID#: _____

An unaccompanied, self-supporting youth at risk of homelessness after July 1, 2024. This means that after July 1, 2024 _____ (print student's name) was not in the physical custody of a parent or guardian, provided for their own living expenses entirely on their own and was at risk of losing their housing.

Per the College Cost Reduction and Access Act (Public Law 110-84), I am authorized to verify this student's living situation.

Authorized Signature: _____ Date: _____

Print Name: _____ Phone Number: _____

Title: _____

Agency: _____