



**HOMELESS YOUTH WORKSHEET**

**Please release the information requested on this form to Rochester University.**

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

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

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

Please mark one or more describing the documentation you will submit to the Student Financial Services Office:

- A copy of documentation showing homelessness from a homeless liaison from a local educational agency \_\_\_\_\_
- Documentation from a Director of Designee from emergency/transitional shelter \_\_\_\_\_
- Documentation from a Director of Designee from a street outreach program \_\_\_\_\_
- Documentation from a Director of Designee from a homeless youth drop-in center \_\_\_\_\_
- Documentation from a Director of Designee from another program serving homeless youth \_\_\_\_\_
- Documentation from another institution's determination \_\_\_\_\_
- Documentation provided to and decision made by Rochester University FAA \_\_\_\_\_
- \_\_\_\_\_

Other \_\_\_\_\_  
\_\_\_\_\_

Use the following space to provide a detailed description of the determinations that you feel warrant a reevaluation of your homeless youth status. You must fill this section out completely or attach a typewritten letter explaining your situation.

\_\_\_\_\_  
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\_\_\_\_\_  
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**CERTIFICATION:** I certify the submitted information is true and correct to the best of my knowledge. I have read each section and provided the appropriate required documentation.

\_\_\_\_\_  
STUDENT SIGNATURE

\_\_\_\_\_  
DATE