

At-Risk Youth Form

Student Name: _____ Phone: _____ Aggie ID: _____

This form will need to be completed because you indicated you are homeless, or at risk of homelessness on your FAFSA. A student may be considered “at risk” of being homeless if housing is not fixed, regular, and/or adequate. You may be eligible for additional educational services through Title X, Part C of the Federal McKinney-Vento Assistance Act. You must review this form carefully and take the appropriate actions.

After reviewing this form, if you made an error on your FAFSA, and are not homeless or at risk of homelessness, you do not need to return this form, however, **you must change your answer on your FAFSA and provide your parent(s)’ financial information and signature.**

At Risk Verification – Complete and return this form if at any time on or after July 1, 2025, you were an unaccompanied youth who was homeless or at risk of being homeless. We may request a statement from an individual with whom you have temporarily lived with, or who knows of your situation. **Please provide documentation, from an outside agency, in addition to this form:**

I am homeless or at risk of being homeless, as defined above by:

- ☐ A McKinney-Vento School District Liaison.
- ☐ A director or designee of an emergency shelter or transitional housing program.
- ☐ A director or designee of a runaway or homeless youth basic center or transitional living program.
- ☐ A TRIO or GEAR UP college access program.
- ☐ A mental health professional, social worker, employer, mentor, doctor, or clergy.
- ☐ None of the above – I was not determined to be an unaccompanied youth who is homeless by any of the organizations above, however, I consider myself to be an unaccompanied, homeless youth or at risk of homelessness. I would like to be contacted by a financial aid advisor. I understand that an interview will be required.

Certification and Signature

By signing, I certify the information provided here is true and correct to the best of my knowledge and belief. I affirm that I understand all of the sections completed on this form. Furthermore, I understand that if any person who knowingly makes a false statement or misrepresentation on this form is subject to penalties which may include fines or imprisonment under the United States Criminal Code and 20 U.S.C. 1097.

Student Signature: _____

Date: _____

Please return this form to the Financial Aid Office at your primary campus.