

## 2024-2025 Dependency Status Validation

Name \_\_\_\_\_ Banner ID# \_\_\_\_\_ Date of Birth \_\_\_\_\_  
(month and day ONLY)

**Please complete in blue or black ink.**

**At any time since I turned 13, I have been an orphan, both of my biological and/or adoptive parents are deceased.** *Provide copies of death certificates, obituaries, or other official documents which confirm death.*

\_\_\_\_\_  
Biological/Adoptive Father's name      Date of death      Biological/Adoptive Mother's name      Date of death

**At any time since I turned 13, I have been in foster care.**  
*Provide documentation of your time in foster care.*

**At any time since I turned 13, I am or was a dependent or ward of the court.**  
*Provide copies of court decrees which confirm wardship.*

**I am an emancipated minor as determined by a court in my state of residence, or I was emancipated or in a legal guardianship immediately before reaching the age of adulthood in my state of residence.**  
*Provide a copy of the court's decision and proof of state of legal residency (ex. driver's license, lease, high school transcript)*

Has another person, though not legally appointed as your guardian, acted as a parent for you? Acting as a parent might include letting you live in his/her house, providing you on an ongoing basis with food or clothing, signing permission slips for you for school events, identifying you as a family member on his/her health insurance or other insurance coverage, or co-signing for a loan for you.  Yes  No

If yes: Name of person: \_\_\_\_\_ Relationship to you: \_\_\_\_\_

**At any time on or after July 1, 2023, I received a determination that I was an unaccompanied youth who was homeless or at risk of being homeless. This determination was made by:**

High school or school district homeless liaison  
*Provide documentation indicating the determination.*

Director of an emergency shelter or transitional housing program funded by the US Department of Housing and Urban Development  
*Provide documentation indicating the determination.*

Director of a runaway or homeless youth basic center or transitional living program  
*Provide documentation indicating the determination.*

**I am recertifying a prior year status, and confirm that my situation has not changed.**

### Certification

All information I am reporting on this document is true and complete to the best of my knowledge and belief. I understand that if I knowingly give false or misleading information to qualify for Federal aid, I may be fined, be sentenced to jail, or both.

Student Signature \_\_\_\_\_

Date \_\_\_\_\_