2015-2016
Dependency Status Worksheet

Student Name ___________________________ CCCC ID # ___________ Date of Birth ___________

Check only sections that apply to you.

☐ 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 Mother’s Name   Date of Death

   ___________________________________________ ___________________________
   Biological/Adoptive Father’s Name   Date of Death

☐ At any time since I turned 13, I have been in foster care. (provide documentation of you 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 ward ship)

☐ 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 i.e.: 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, 2015 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)

   ☐ Director of an emergency shelter or transitional housing program funded by the US Department of Housing and Urban Development (provide documentation)

   ☐ Director of any runaway or homeless youth basic center or transitional living program (provide documentation)

☐ I am under the age of 24 and I have a dependent and provide more than half of their support.

   Dependent Name:_____________________________ Age:____   Relationship to you:________________

   Dependent Name:_____________________________ Age:____   Relationship to you:________________

   Dependent Name:_____________________________ Age:____   Relationship to you:________________

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, sentenced to jail, or both.

_____________________________________________________________
   Student Signature                                      Date

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