



2009-2010 DEPENDENCY STATUS WORKSHEET
 Office of Financial Aid – PO Box 1388 – Ocala, FL 34478-1388
 Phone: 352-873-5801 Fax: 352-873-5875

Student Name: _____

Date of Birth: ____/____/____ Phone: _____ CFCC ID#: _____

You were classified as an independent student on your 2009-2010 Free Application for Federal Student Aid (FAFSA) because of your answer to one or more of the dependency questions. In order to document your dependency status, you must provide the requested information.

- | | | YES | NO |
|--|--------------------------|--------------------------|--------------------------|
| 1. When you were 13 or older, were you in foster care or a dependent/ward of the court?
<i>(You must provide documentation from your home state documenting your foster care or ward of the court status. If you do not have such a court order or the court order is no longer in effect, you should answer "NO" to this question.)</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. On the date you completed the FAFSA, were you an emancipated minor as determined by your state of legal residence?
<i>(You must provide a copy of a court's decision that you are an emancipated minor. The court must be located in your state of legal residence. If you do not have such a court order, you should answer "NO" to this question.)</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. On the date you completed the FAFSA, were you in legal guardianship as determined by your state of legal residence?
<i>(A caregiver or other person with whom you are living is only considered a legal guardian if a court in your state of legal residence has established guardianship. You should check "YES" if you have and can provide a copy of a court order indicating that legal guardianship was established. If you are living with a caregiver, but that caregiver is not your legal guardian as established by a court, you should answer "NO" to this question.)</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Notes for questions 4-6:

- "Homeless" means lacking fixed, regular and adequate housing, which includes living in shelters, motels or cars, or temporarily living with other people because you had nowhere else to go.
- "Unaccompanied" means you are not living in the physical custody of your parent or guardian.
- "Youth" means you are 21 years of age or younger or you were still enrolled in high school on the date you completed the FAFSA.

- | | | |
|--|--------------------------|--------------------------|
| 4. At any time on or after July 1, 2008, did your high school or school district homeless liaison (refer to attached list) determine that you were an unaccompanied youth who was homeless?
<i>(Answer "YES" if you received a determination at any time after July 1, 2008, that you were an unaccompanied youth who was homeless. You must provide a copy of this documentation with this form. Answer "NO" if you are <u>not</u> homeless or at risk of being homeless or if you cannot provide a copy of the determination.)</i> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. At any time on or after July 1, 2008, did the director of an emergency shelter program funded by the U.S. Department of Housing and Urban Development (refer to attached list) determine that you were an unaccompanied youth who was homeless?
<i>(Answer "Yes" if you received a determination at any time after July 1, 2008, that you were an unaccompanied youth who was homeless. You must provide a copy of this determination with this form. Answer "NO" if you are <u>not</u> homeless or at risk of being homeless or if you cannot provide a copy of the determination.)</i> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. At any time on or after July 1, 2008, did the director of a runaway or homeless youth basics center or transitional living program (refer to attached list) determine that you were an unaccompanied youth who was homeless or self-supporting and at risk of being homeless?
<i>(Answer "YES" if you received a determination at any time after July 1, 2008, that you were an unaccompanied youth who was homeless. You must provide a copy of this documentation with this form. Answer "NO" if you are <u>not</u> homeless or at risk of being homeless or if you cannot provide a copy of the determination.)</i> | <input type="checkbox"/> | <input type="checkbox"/> |

If you answered "YES" to any of the above questions, you must provide the requested documentation. If you answered "NO" to all of the questions or cannot provide the requested documentation, you must contact the Office of Financial Aid for further instructions.

Signature

Signing this worksheet certifies that all the information reported on it is complete and correct. If you purposely give false or misleading information on this worksheet, you may be fined, be sentenced to jail or both.

Student's Signature: _____ Date: _____

HIGH SCHOOL/SCHOOL DISTRICT HOMELESS LIAISON	RUNAWAY/HOMELESS YOUTH BASICS CENTERS/TRANSITIONAL LIVING PROGRAMS (Cont)
<u>Alachua County School District</u> Address: 620 E. University Ave., Gainesville, FL 32601 Phone: (352) 955-7605 Fax: (352) 955-7619 Contact: Wendy Fletcher-Shannon	<u>Citrus County Abuse Shelter Assoc.</u> PO Box 205, Inverness, FL 34451 Phone: (352) 344-8111, Fax: (352) 344-0548 Contact: Sandra Ashley/Becky Fleming
<u>Citrus County School District</u> Address: 2575 South Panther Pride Dr., Lecanto, FL 34461 Phone: (352) 527-0090 Fax: (352) 527-1410 Contact: Renna Jablonskis	<u>Citrus County Family Resource Center</u> 120 N. Montgomery Ave., Inverness, FL 34450 Phone: (352) 344-1001
<u>Levy County School District</u> Address: PO Drawer 129, Bronson, FL 32621 Phone: (352) 486-5231, Fax: (352) 486-5237 Contact: Kent Welborn	<u>The Path of Citrus County</u> PO Box 3024, Inverness, FL 34451 Phone: (352) 527-6500, Fax: (352) 746-6746 Contact: DuWayne Sipper
<u>Marion County School District</u> Address: 1517 SE 30 th St. Suite 5, Ocala, FL 34478 Phone: (352) 671-6847, Fax: (352) 671-6870 Contact: Suzanne McGuire	<u>Salvation Army Service Center/Social Services</u> PO Box 1630, Lecanto, FL 34460 Phone: (352) 621-5532, Fax: (352) 637-5899 Contact: Sergeant Larry Ballard
EMERGENCY SHELTER PROGRAMS	
<u>Alachua County Coalition for the Homeless & Hungry</u> (Alachua, Bradford, Levy, Putnam) 703 NE 1 st St., Gainesville, FL 32601 Phone: (352) 378-0460 Fax: (352) 373-4097 Email: Achomeless@yahoo.com	<u>Arnette House</u> 2310 NE 24 th St., Ocala, FL 34470 Phone: (352) 622-4432, Fax: (352) 622-2830 Contact: Patricia Pougé
<u>Marion County Homeless Council</u> PO Box 162, Ocala, FL 34478 Phone: (352) 454-7760 Contact: Dave Fullerton Email: Execdir@mchomelesscouncil.org , Mldcfullerton@msn.com	<u>Brother's Keepers</u> 5 SE 17 th St., Ocala, FL 34471 Phone: (352) 622-3846, Fax: (352) 622-8037 <u>Home, Health and Hope</u> 2480 NE 49 th Ave., Ocala, FL 34470 Phone: (352) 622-3846, Fax: (352) 622-8037 Contact: Horace Nichols
<u>Mid-Florida Homeless Coalition</u> (Citrus, Hernando, Lake, Sumter) PO Box 1527, Eustis, FL 32727-1527 Phone: (352) 860-2308, Fax: (352) 726-3280 Contact: Barbara Wheeler, B.E. Thompson (352) 315-7509 Email: Mfhc@tampabay.rr.com , BETHOMPSPON@LSBC.NET	<u>Interfaith Emergency Services/Blessed Trinity Soup Kitchen</u> 435 NW 2 nd St., Ocala, FL 34478 Phone: (352) 629-8868, Fax: (352) 629-5771 Contact: Gary Linn
RUNAWAY/HOMELESS YOUTH BASICS CENTERS/TRANSITIONAL LIVING PROGRAMS	
<u>Another Way, Inc</u> PO Box 2240, Chiefland, FL 32644 Phone: (352) 493-9257, Fax: (352) 493-1539 Contact: Donna Fagan	<u>Salvation Army Emergency Service Office</u> 320 NW 1 st Ave., Ocala, FL 34478 Phone: (352) 732-8326, Fax: (352) 732-6291 Contact: Captain David Cope
<u>St. Theresa Catholic Church Social Service</u> 11528 SE Hwy. 301, Belleview, FL Phone: (352) 245-1359 Contact: Alice	<u>North Marion Interfaith</u> 15150 NW Gainesville Rd., Reddick, FL 32686 Phone: (352) 591-4400 Contact: Julie
<u>Marion Homeless Council</u> c/o United Way of Marion 1401 NE 2 nd St., Ocala, FL 34470 Phone: (352) 732-9696, Fax: (352) 732-9608 Contact: Pete Foy	<u>Meridian Behavioral Healthcare "HOPE" Program</u> 4300 SW 13 th St., Gainesville, FL 32608 Phone (352) 374-5600, Fax: (352) 377-1026 Contact: Jennifer Lee
<u>Annie Johnson Senior Center</u> 1991 Testcourt, Dunnellon, FL 34430 Phone: (352) 489-8021, Fax: (352) 487-7433 Contact: Carol	<u>Arbor House</u> PO Box 12363, Gainesville, FL 32604 Phone: (352) 371-2229
<u>Salvation Army</u> 14660 NE Hwy. 315, Ft. McCoy, FL Phone: (352) 236-5035, Fax: (352) 236-5035 Contact: Alice	<u>Interfaith Hospitality Network</u> 1001 NE 16 th Ave., Gainesville, FL 32601 Phone: (352) 378-2030, Fax: (352) 378-2720
<u>Help in the Forest</u> 18661 SE 24 th Pl., Silver Springs, FL 34488 Phone: (352) 625-1900 Contact: David Houck	<u>St. Francis House</u> 413 S. Main St., Gainesville, FL 32601 Phone: (352) 378-9079, Fax: (352) 378-1883