



WAKULLA COUNTY SCHOOL BOARD

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ROBERT PEARCE
SUPERINTENDENT

RAY GRAY
DISTRICT I

MELISA TAYLOR
DISTRICT II

BECKY COOK
DISTRICT III

GREG THOMAS
DISTRICT IV

JERRY EVANS
DISTRICT V

Unaccompanied Homeless Youth Certificate For the Purposes of Accessing Health Services

Re: _____ Date of Birth: _____
(Name of Youth, please type or print clearly) *(Month/Day/Year)*

Current Mailing Address of Youth *(if none, please list name, phone number, and mailing address of current contact):*

(Address) (City) (State) (Zip) (Telephone)

Per Section 743.067, Florida Statutes, I am authorized to determine that this youth is an unaccompanied homeless youth who is 16 years of age or older and is eligible for services pursuant to the McKinney-Vento Homeless Assistance Improvements Act, 42 U.S.C. § 11431-11435, and am providing this form of certification as the (please check):

_____ McKinney-Vento School District Liaison for Homeless Children and Youths.

I also hereby certify that the above-named youth (please check):

_____ WAS IDENTIFIED AS AN UNACCOMPANIED HOMELESS YOUTH ON _____
(Month/Day/Year)

Should you have additional questions or need more information about this youth, please contact me at the number listed in the box below:

I, _____, hereby attest that the information provided by me is true to the best of my knowledge. <i>(Name of Youth, please type or print clearly)</i>	
Signature of Unaccompanied Homeless Youth	Date
Signature of Homeless Liaison Certifying Youth	Date
Print Name of Person Certifying Youth	Telephone Number
Official Title of Homeless Liaison Certifying Youth	Name of School District and State

Crawfordville Elementary • Medart Elementary • Shadeville Elementary • Riversink Elementary
Riversprings Middle School • Wakulla Middle School • Wakulla High School
Wakulla Education Center • Sopchoppy Education Center