



## **Youth Self-Attestation Forms**

**TWC AEL Letter 05-17 outlines the process for Adult Education and Literacy (AEL) grantees to collect and verify age-related exemptions to compulsory school attendance for 17 or 18-year-old individuals. This is done through self-attestation forms.**

**There are three primary types of self-attestation forms based on the specific exemption a youth is claiming:**

- 1. To attest that a 17-18 year old participant is not enrolled in or attending secondary school.**
- 2. To attest that a 17-18 year old participant is not living with a parent/guardian.**
- 3. To attest that a 17-18 year old participant is “homeless” as defined in 42 USC §11302.**

**Select, download, and complete the form that best describes your situation. Email the completed form to [ael@kilgore.edu](mailto:ael@kilgore.edu). Thank you.**

## Youth Self-Attestation Form

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Last Name

---

First Name

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DOB

---

SSN

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Home Phone Number

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Cell Phone Number

☐ **To attest that a 17-18 year old participant is not enrolled in or attending secondary school:**

What is the name of your school? \_\_\_\_\_

Are you enrolled in or attending this school? \_\_\_\_\_

Have you ever attended this school? \_\_\_\_\_

What is the last date that you attended school? \_\_\_\_\_

Are you enrolled for next semester? \_\_\_\_\_

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\*Parent/Guardian's Signature (if available)

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Date

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Student's Signature

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Date

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Staff Signature

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Date

## Youth Self-Attestation Form

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Last Name

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First Name

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DOB

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SSN

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Home Phone Number

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Cell Phone Number

☐ **To attest that a 17-18 year old participant is not living with a parent/guardian:**

Do you live in a home that your parent/guardian owns or rents?

Yes

No

*(If answer is 'yes', teen needs the parent's signature to enroll in this program.)*

Where do you usually sleep at night? \_\_\_\_\_

How long have you been at that address? \_\_\_\_\_

What is your parent's/guardian's address if different from the address where you sleep at night? \_\_\_\_\_

When was the last time you slept at your parent's/guardian's address? \_\_\_\_\_

Do you pay or receive bills in your name?

Yes

No

What bills do you pay or receive?

To what address are the bills delivered? \_\_\_\_\_

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Student's Signature

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Date

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Staff Signature

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Date

***If responses show that the teen is living independently, no parent/guardian permission is needed.***

## Youth Self-Attestation Form

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Last Name

First Name

DOB

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SSN

Home Phone Number

Cell Phone Number

☐ **To attest that a 17-18 year old participant is “homeless” as defined in 42 USC §11302:**

Do you live in a place that has no windows, doors, running water, heat, or electricity? Yes No

Are you living in a place that is overcrowded? Yes No

Are you staying with a friend/relative due to loss of housing (flood, fire, divorce, hurricane, being told to leave by your parent, running away), economic hardship (eviction, loss of a job, foreclosure, lack of money to pay deposits for a permanent home), or similar reason? Yes No

Are you living in a shelter such as a family shelter, child or youth shelter, domestic violence shelter, Federal Emergency Management Agency (FEMA) housing, etc.? Yes No

Are you living in an unsheltered location (tent, vehicle, abandoned building, bus station, etc.)? Yes No

Are you living in a hotel or motel due to loss of housing (flood, fire, hurricane, etc.) or economic hardship (eviction, foreclosure, lack of money to pay deposits for a permanent home, etc.)? Yes No

Are you living in transitional housing (as part of a program offered for a specific length of time, partly or completely paid by some organization (a church, governmental agency, non-profit, etc.)? Yes No

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Student's Signature

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Date

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Staff Signature

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Date

***If responses show this teen meets the criteria for homelessness, no parent/guardian permission is needed.***