



State Laws to Support Youth Experiencing Homelessness

State policy change is an important strategy to address youth homelessness, since many of the laws that most directly impact youth experiencing homelessness –the rights of minors, health care, housing, employment, education, and child welfare – fall within the purview of state legislatures. SchoolHouse Connection’s state policy program, “Building Teams for Change,” supports state-based teams in achieving lasting, state-level policy changes to improve the lives and futures of young people experiencing homelessness. Recently, we helped advocates in [Tennessee](#) and [Wyoming](#) pass laws that empower unaccompanied homeless minors to obtain their own birth certificates and IDs, and contract for housing, employment and other services. We continue to work on state policy in partnership with advocates across the country.

This publication provides information on four categories of state laws that support youth experiencing homelessness.

1. [Laws allowing unaccompanied homeless minors to consent for housing and shelter services](#)
2. [Laws empowering unaccompanied minors to consent for routine medical care](#)
3. [Laws that mitigate the effects of mobility to help students experiencing homelessness graduate from high school](#)
4. [Laws supporting students experiencing homelessness in higher education](#)

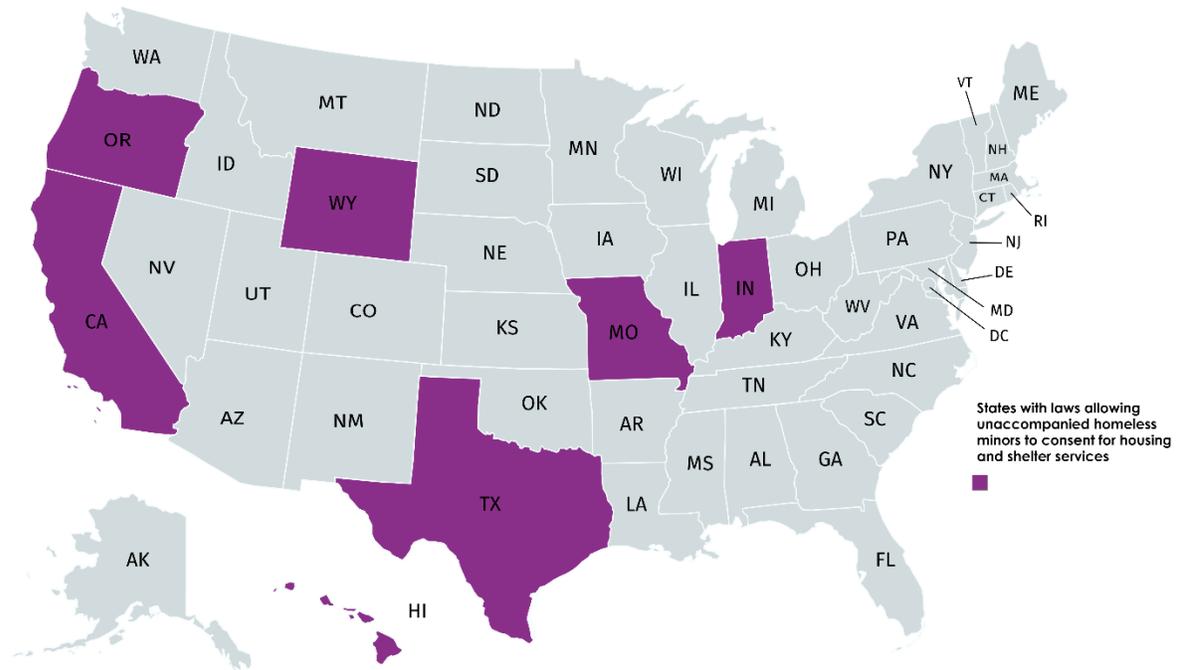
1. Laws allowing unaccompanied homeless minors to consent for housing and shelter services

When homeless unaccompanied youth cannot access safe shelter and housing services, they are extremely vulnerable to victimization. Without these services:

- 70% of homeless youth report experiencing some form of violence, 32% of which includes sexual assault.ⁱ
- 40% of homeless youth are victims of sex trafficking at least once in a single year.ⁱⁱ

Unfortunately, surveys of homeless youth indicate that they are unable or unwilling to seek services due to the need for parental consent and/or the involvement of the child welfare system. Eliminating this barrier would allow homeless service providers the ability to intervene before homeless youth become victims of dangerous predators.

Several states have enacted legislation to allow unaccompanied homeless youth under 18 to obtain shelter and housing without parental consent. Federal Runaway and Homeless Youth Act regulations also allow youth to enter federally-funded programs without parental notification or consent if the provider determines contacting a parent or guardian is not in the youth’s best interest, the provider is unable to locate a parent or guardian, or the youth refuses to disclose a parent’s or guardian’s contact information.ⁱⁱⁱ



Details of each statute are available [here](#).

Two positive approaches

Missouri [Rev. Stat. §431.056](#)

A youth age 16 or 17 who is homeless or a victim of domestic violence and who is self-supporting (without physical or financial support of a parent or legal guardian) can contract for housing, employment, purchase of an automobile, receipt of a student loan, admission to high school or postsecondary school, obtaining medical care, establishing a bank account, admission to a shelter, and receipt of services as a victim of domestic violence or sexual abuse, including but not limited to counseling, court advocacy, financial assistance, and other advocacy services. The youth's parent or legal guardian must have consented to the youth living independently, but consent can be implied by the simple act of forcing the youth out of the home, refusing to provide financial support to the youth, or abuse or neglect.

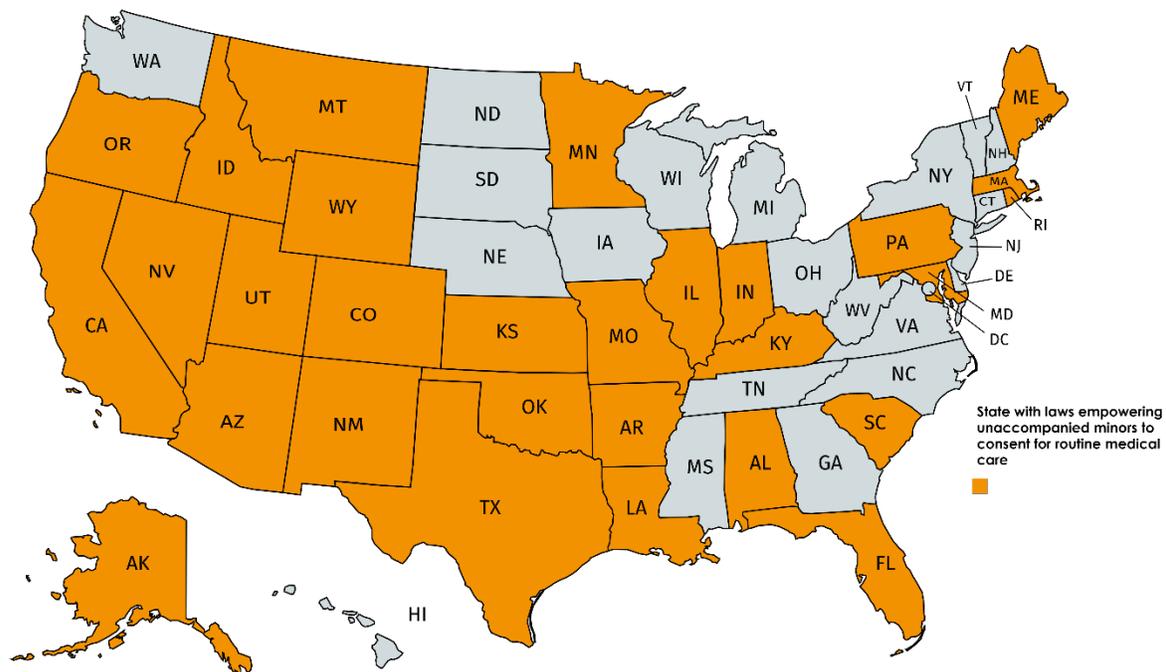
Hawaii [Rev. Stat. §346-17.6](#)

A youth can consent to emergency shelter and related services if the youth understands the benefits, responsibilities, risks, and limits of the shelter and services, and agrees to adhere to the provider's rules and cooperate and participate in the services recommended by the provider, if: 1) The provider has not, despite reasonable efforts, been able to contact a parent/guardian; 2) The provider has made contact with a parent/guardian, the parent/guardian has refused to consent and, the provider reasonably believes that the youth would incur or be threatened harm if the youth returned home; **OR** 3) The youth has refused to provide contact information for a parent/guardian, and the provider reasonably believes that the minor would incur or be threatened harm if the youth returned home.

2. Laws empowering unaccompanied minors to consent for routine medical care

Generally, only persons age 18 and over can consent to their own routine medical and dental care. However, many minors experiencing homelessness are not in the physical custody of a parent or legal guardian. As a result, they are unable to access preventive health care, which is critical to basic safety and welfare. They also cannot obtain treatment for routine medical and dental problems. This creates a serious health hazard for unaccompanied homeless youth. Routine infections and illnesses go untreated. Without this basic health treatment, relatively minor conditions worsen until they become emergencies. At that point, physicians can treat the condition. However, the youth has missed school and work and placed his or her basic health and safety at grave risk, in addition to creating an overall public health hazard.

Medical professionals, including the American Academy of Pediatrics, have endorsed the idea of minors making their own medical decisions in certain circumstances and legislation to support that right.^{iv} In addition, 29 states have addressed this issue already, using a variety of approaches to ensure that youth on their own can obtain basic medical care.^v



Note: Details of each statute are available [here](#).

Two positive approaches

Arizona [Rev. Stat. §44-132](#)

Any emancipated minor, any minor who has contracted a lawful marriage or any homeless minor may give consent to the furnishing of hospital, medical and surgical care to such minor, and such consent shall not be subject to disaffirmance because of minority. The consent of the parent, or parents, of such a person is not necessary in order to authorize hospital, medical and surgical care.

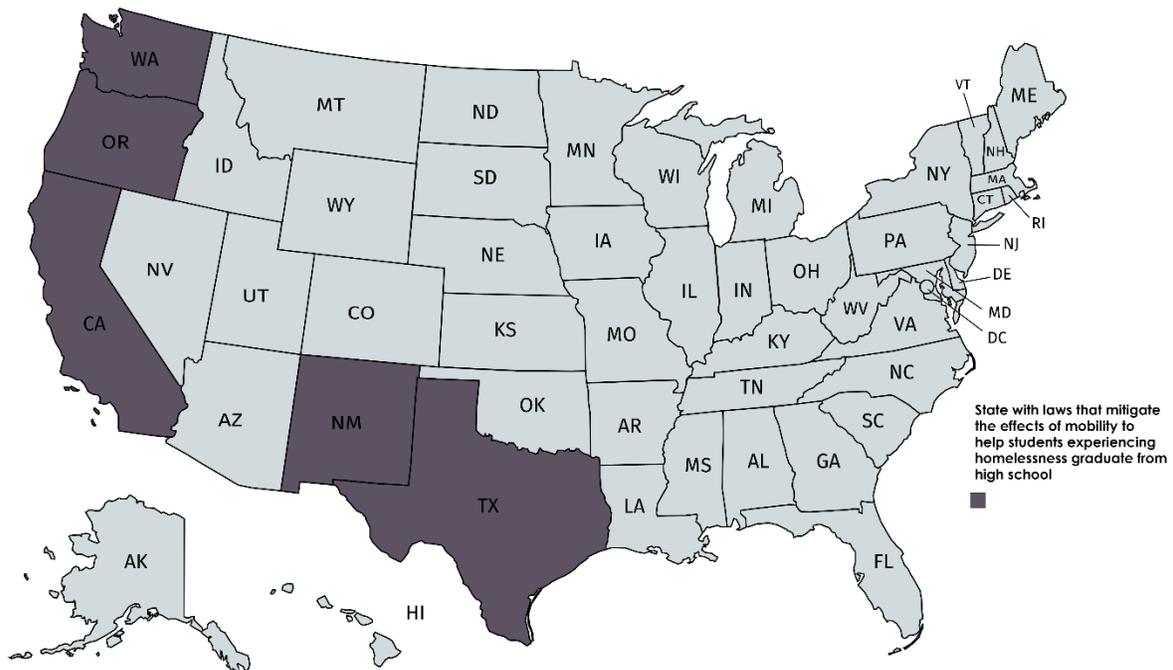
Wyoming [Stat. §14-1-101](#)

A minor may consent to health care treatment to the same extent as if he were an adult when the minor is living apart from his parents or guardian and is managing his own affairs regardless of his source of income.

3. Laws that mitigate the effects of mobility to help students experiencing homelessness graduate from high school

High school graduation is a critical strategy to prevent youth homelessness. Youth without a high school diploma or GED are 346% more likely to experience homelessness as young adults than their peers with diplomas—the highest risk factor for young adult homelessness^{vi}. Unfortunately, the challenges of homelessness and mobility lead to disproportionately low rates of high school graduation among homeless students. Data show that students who experience homelessness even one time while in high school have higher dropout rates than other economically disadvantaged students. In fact, a young person who experiences homelessness is 87% more likely to stop going to school—higher than any other risk factor, including placement in foster care.^{vii}

The Every Student Succeeds Act of 2015 (ESSA) placed great emphasis on high school graduation for students experiencing homelessness, including requiring states to disaggregate graduation data by homelessness. An increasing number of states are passing legislation to complement these federal requirements and increase high school graduation rates for students experiencing homelessness.



Note: Details of each statute are available [here](#).

Two positive approaches

Texas [Educ. Code §§25.007 and 28.015\(i\)](#)

- If a junior or senior experiencing homelessness changes schools and is ineligible to graduate from the new district, the prior district shall award a diploma if the student meets the graduation requirements of that district.
- School districts must develop procedures for awarding partial credit for coursework completed at a prior school.
- School districts must develop procedures to allow students experiencing homeless who was previously enrolled in a course required for graduation the opportunity to complete the course at no cost before the beginning of the next school year, to the extent practicable.
- School districts must ensure that a student experiencing homelessness who is not likely to receive a high school diploma before the fifth year in high school has the student's credit accrual and personal graduation plan reviewed.
- School districts must promote practices that facilitate access to extracurricular and summer programs, credit transfer and electronic course services, and after-school tutoring at nominal or no cost.
- School districts must establish procedures to lessen the impact of school transfers.
- Schools must develop systems to ease the transition of students experiencing homelessness during the first two weeks at a new school.

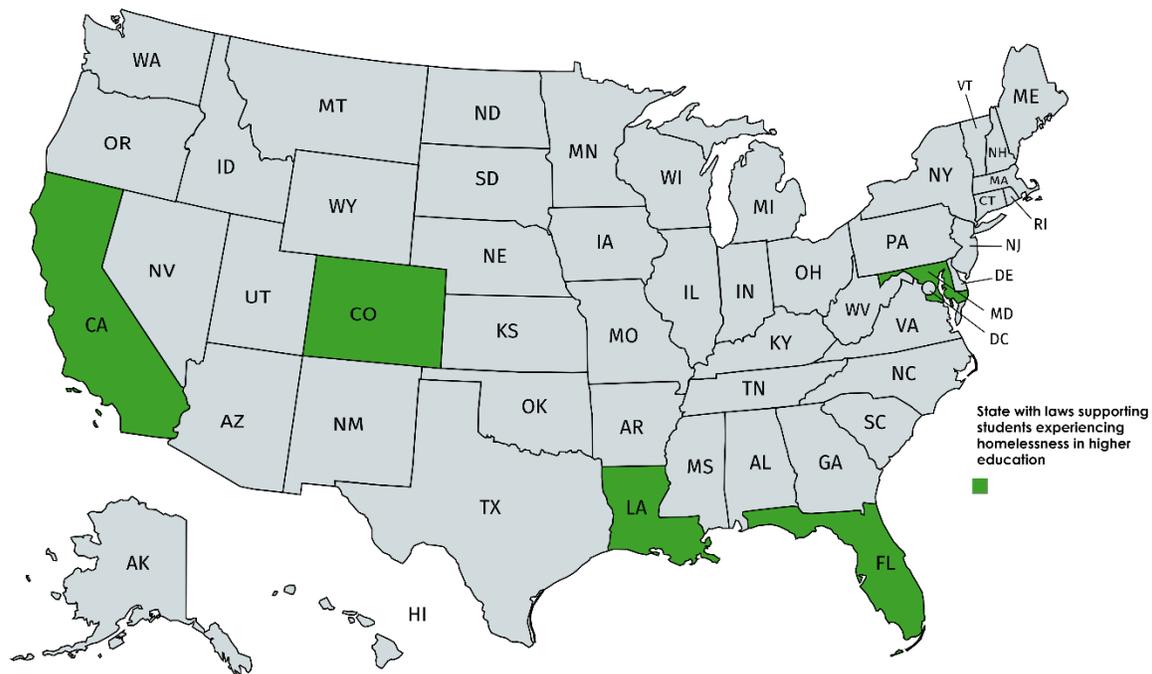
Washington [Rev. Code §28A.320.192](#)

- School districts must waive courses required for graduation if similar coursework has been satisfactorily completed in another school district, or provide an alternative means for the student to graduate on time.
- School districts must consolidate partial credit and other incomplete coursework and provide opportunities for credit accrual in a manner that eliminates academic and nonacademic barriers for the student.
- School districts must grant and accept partial credits for coursework completed prior to withdrawal or transfer.
- Students must be able to earn credits regardless of the date of enrollment in a school.
- If a student who transfers at the beginning of junior year of high school or later is ineligible to graduate from the new school district, the former district must award a diploma if the student meets the graduation requirements of the former district.

4. Laws supporting students experiencing homelessness in higher education

Many homeless students attend higher education, recognizing it as their best opportunity to secure stable employment and end their homelessness. Over 95 percent of jobs created since the 2007 recession have gone to workers with at least some college education.^{viii} Postsecondary attainment is increasingly necessary to move out of poverty and homelessness, and live a healthy, productive life. Yet youth experiencing homelessness face barriers in transitioning from secondary to post-secondary education, as well as barriers to financial aid, college retention, and college completion.

State legislatures have been actively supporting college students experiencing homelessness over the past few years. Laws support students in various ways, including: giving them priority enrollment to help them meet required classes faster; requiring postsecondary institutions to designate Homeless Liaisons to provide students with information and support; providing them priority for on-campus housing, including housing that stays open year-round; providing fee and tuition exemptions; and allowing students experiencing homelessness to have in-state tuition.



Note: Details of each statute are available [here](#).

Two positive approaches

California [Educ. Code §§66025.9, 67003.5](#)

Each postsecondary educational institution must designate a staff member to serve as the Homeless and Foster Student Liaison, responsible for informing students about financial aid and other assistance available to them and assisting them to apply for and receive federal and state financial aid and available services.

University of California, California State University and each community college that offers priority enrollment shall grant priority enrollment to current and former homeless youth and foster youth.

Maryland [Ann. Code 15-106.1](#)

An unaccompanied homeless youth or foster care recipient is exempt from paying tuition at a public institution of higher education, if the youth is enrolled as a candidate for a vocational certification, associate's degree or bachelor's degree prior to turning 25 years old and has applied for federal and state financial aid. Exemption lasts for five years or until the student receives a bachelor's degree, whichever comes first.

ⁱ Kipke, et al. (1997). "Street youth, their peer group affiliation and differences according to residential status, subsistence patterns, and use of services." *Adolescence*, 32(127): 655-669.

ⁱⁱ University of Louisville (2016). *Youth Experiences Survey*.

ⁱⁱⁱ 45 CFR §1351.24(e).

^{iv} See, e.g., Rhonda Gay Hartman (December 2002). "Coming of Age: Devising Legislation for Adolescent Medical Decision-Making." *Am. Journal of Law & Medicine*. Pittsburgh: U. of Pittsburgh School of Medicine.

^v Alabama allows youth age 14 or over to consent to any legally authorized medical, dental, health or mental health services. Alabama Stat. §§22-8-4; 22-8-7 (2011). Kansas and Rhode Island have similar laws. Kan. Stat. Ann. §38-123b (2011). R.I. Gen. Law § 23-4.6-1.

Alaska allows youth living apart from their parents or legal guardian and managing their own financial affairs to consent for medical and dental services. California, Colorado, Illinois, Indiana, Maine, Maryland, Massachusetts, Minnesota, Missouri, Montana, Nevada, New Mexico, Oklahoma, Texas, and Wyoming have similar laws. Alaska Stat. §25.20.025; Cal Fam Code §6922 (2011); Colo. Rev. Stat. 13-22-103 (2011); Burns Ind. Code Ann. §16-36-1-3 (2011); 410 ILCS §210/1.5 (2014); 22 Me. Rev. Stat. §1503 (2011); Mass. Gen. Law ch. 112, §12F (2011); Minn. Stat. §144.341 (2011); R.S. Mo. §431.056 (2011); Mont. Code Ann. §41-1-402 (2011); Nev. Rev. Stat. Ann. § 129.030 (2011); N.M. Stat. §24-7A-6.2 (2011); 63 Okl. St. §2602 (2011); Tex. Fam. Code §32.003 (2011); Wyo. Stat. §14-1-101 (2011).

Arizona and Florida have laws allowing homeless youth to consent to hospital, medical and surgical care: Ariz. Rev. Stat. §44-132 (2011); Fla. Stat. §743.067 (2014).

Idaho and Arkansas have put the "mature minor doctrine" into their laws, which has also been adopted by many state courts. Generally, the doctrine states that any person of ordinary intelligence and awareness sufficient to comprehend the need for, nature of and risks involved in medical care is competent to consent on his or her own. Idaho Stat. §39-4503 (2011); Ark. Code Ann. §20-9-602(7) (2011).

Oregon allows youth age 15 or over to consent to hospital care and medical, dental surgical diagnosis or treatment without the consent of a parent or guardian. Louisiana has a similar law. Or. Rev. Stat. §109.640 (2011). La. R.S. §40:1095 (2011).

Kentucky has a law stating that a minor's consent, relied on in good faith, is effective if the minor represents that he or she may give effective consent, even if in fact the consent is not valid. Ky. Rev. Stat. § 214.185.

Pennsylvania and South Carolina have laws permitting physicians to provide medical, dental and health services without the consent of a parent or legal guardian when, in the physician's judgment, an attempt to secure consent would result in delay of treatment which would increase the risk to the minor's life or health. 35 Penn. Stat. §10104; S.C. Code Ann. §63-5-350 (2011).

^{vi} Chapin Hall (2016). *Missed Opportunities*.

^{vii} America's Promise Alliance, Center for Promise at Tufts University (2014). *Don't Call Them Dropouts*. <http://gradnation.org/report/dont-call-them-dropouts>

^{viii} Georgetown University Center on Education and the Workforce (2016). *America's Divided Recovery*.