Name of Student:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Birthdate:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade:\_\_\_\_\_\_\_\_\_\_\_\_\_ Age:\_\_\_\_\_\_\_\_\_\_ € Male € Female

**Do any of the following situations apply to the student?**

Please circle the appropriate answer

1. Is the student (family) living in a motel or hotel? YES NO
2. Is the student (family) living in a shelter? YES NO

€ Domestic violence € Emergency Housing € Transitional Housing

1. Is the student (family) living in a car, park, campground or public place YES NO
2. Is the student (family) living in the residence of another family? YES NO

If you answered yes to question 4, please answer the following:

4A – Is this living arrangement due to: € Economic hardship € Loss of housing € Temporary

4B – Date living arrangement began: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4C – Date living arrangement is expected to end \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Is the student seeking enrollment without parent or legal guardian? YES NO

This questionnaire is intended to address the McKinney-Vento Education Improvement Act 42 U.S.C. 11435. The answers t the form help determine the services a student may be eleigivle to receive. Eligibility must be reviewed and reevaluated every school year.

*By signing below I attest the above information is correct.*

Print Parent Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

For Office Use Only

|  |
| --- |
| I certify the above name student qualifies for the child nutrition Program under the provisions of the McKinney Vento Act.McKinney Vento Liason Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |