**Information contained on this form is confidential and used to determine whether a child or youth meets the definition of homeless under the McKinney-Vento Act. The Education for Homeless Children and Youth (EHCY) program as authorized under Title VII-B of the McKinney-Vento Homeless Assistance Act (42 U.S.C. 11431 et seq.). Please note, false claims about living situations may affect enrollment.**

**Section A**

Today’s date:

Name of individual completing this form:

Your telephone number: \_\_\_ Your email address:

Student name:

Last school attended: Current grade: Birth date:

Do you have additional children attending school in our district? Yes ☐ No ☐

Do you have children of the preschool age? Yes ☐ No ☐

Please provide information about additional children attending school in our district or of preschool age.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Last Name | First Name | Grade | School | District |
|  |  |  |  |  |
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|  |  |  |  |  |

Address of where the student slept last night:

Is this address based on a temporary living arrangement due to the loss of housing? Yes ☐ No ☐

(Examples: sharing the housing with others due to economic hardship or similar reason; hotel/motel; shelter; transitional housing; car; park; campsite; and inadequate housing, including no running water, electricity, or adequate space)

**NOTE: If you checked “No” to the temporary living arrangement, you may STOP here. If you checked “Yes”, please continue to the next section.**

**Section B**

Name of the parent/guardian/adult caring for the student: Relationship to the student:

If the address you provided in section A is based on a temporary living arrangement, is it due to loss of housing or economic hardship? Yes ☐ No ☐

**Please place an “X” in each box that best describes where the student sleeps at night.**

* In a place that does not have windows, doors, running water, heat, electricity, or overcrowded
* Staying with a friend or relative because of loss of housing, economic hardship, or similar reason

(Example: eviction, foreclosure, fire, flood, lost job, divorce, domestic violence, kicked out by parents, ran away from home)

What date did you begin staying here?

* In a shelter/transitional housing program (name of agency): What date did you begin staying here?
* In an unsheltered location (e.g. tent, vehicle, abandoned building, streets, campground, park, bus/train station, or similar place)

Provide the main cross streets of this unsheltered location:

* In a hotel/motel (name of hotel/motel & address) What date did you begin staying here?
* With an adult that is not a parent or court appointed legal guardian
* Alone, not in the care of a parent or court appointed legal guardian
* None of the above (Please explain): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The following signature certifies that the information provided above is accurate. False claims about living situations may affect enrollment.

Signature of Person Providing Information Date

Parent/Legal guardian/Caregiver/Student

**For School Use Only**

Please note, the student’s cumulative file should not include a copy of this form. **Do not make copies of this form.**

If Section B is filled out, please notify the LEA Homeless Education Liaison, and provide the original form to them.

Name of school site personnel who enrolled the student:

Date received by Homeless Liaison

Please check the housing types that apply:

Sheltered ☐ Doubled-up ☐ Unsheltered/FEMA/Substandard ☐ Hotel/Motel ☐

Unaccompanied youth: Yes ☐ No ☐ Transportation to school of origin needed: Yes ☐ No ☐