

## Milford Public Schools

### McKinney-Vento Act

#### Residency, Eligibility and Educational Rights Information

The McKinney-Vento Homeless Assistance Act was created with the goal of ensuring the enrollment, attendance, and success of homeless children and youth in school.

The McKinney-Vento Act provides certain rights for homeless students. This includes waiving certain requirements such as proof of residency when students are enrolling and allowing eligibility for certain services, such as free textbooks.

When families and students find themselves in transition due to their housing situation, it is important that they know their rights regarding education. If students meet the requirements as stated in the McKinney-Vento Act (42 U.S.C 11431 et seq., Title VII, Subtitle B), their rights are as follows:

- Students may attend their school of origin or the school where they are temporarily residing.
- Students may enroll without school, medical or similar records.
- Students have a right to transportation to school.
- Students must be provided a statement explaining why they are denied enrollment or any other services.
- Students must receive services, such as transportation, while disputes are being settled. Students are automatically eligible for Title I services.
- Students and families should receive referrals to health, dental, mental health, housing, substance abuse and other appropriate services.
- Unaccompanied homeless youth are informed, and receive verification of their status as independent students for college financial aid, and
- Barriers that prevent any homeless youth from receiving credit for full or partial course-work satisfactorily completed at a prior school

*Educational services for which the homeless student meets eligibility criteria including services provided under Title I of the Elementary and Secondary Education Act or similar State or local programs, educational programs for students with limited English proficiency.*

According to the U.S. Department of Education, people living in the following situations are considered homeless:

- Doubled up with family or friends due to loss of housing or economic hardship
- Living in motels and hotels for lack of other suitable housing
- Runaway and displaced children and youth – Unaccompanied Youth
- Homes for unwed or expectant mothers for lack of a place to live
- Homeless and domestic violence shelters
- Transitional housing programs
- The streets
- Abandoned buildings
- Public places not meant for housing
- Cars, trailers (does not include mobile homes intended for permanent housing), and campgrounds
- Migratory children staying in housing not fit for habitation

Please complete pages 2-5 of this document and return to your school office. Questions may be directed to your Principal, Social Worker/School Counselor, or: Carole Swift, [cswift@milforded.org](mailto:cswift@milforded.org); 203-783-3461

# CONFIDENTIAL

## Milford Public Schools

### MCKINNEY-VENTO STUDENT RESIDENCY & ELIGIBILITY FORM

The following questions are intended to address the McKinney-Vento Homeless Education Assistance Act, 42 U.S.C. § 11431, *et seq.* Your answers to the following questions will aid school district staff to determine whether your child may be eligible for services under this Act. **Please complete the entire packet and return to your child's school. This packet must be forwarded to the Homeless Liaison at the Milford PPS office.**

DISTRICT NAME

*Milford Public Schools*

SCHOOL NAME

STUDENT NAME

Male

DATE OF BIRTH

SIS #

GRADE

(mm/dd/yyyy)

(PRESCHOOL-12)

Female

CONTACT PERSON (Parent, Guardian, Other)

UNACCOMPANIED YOUTH

PRESCHOOL AGE (3-5 CHILD)

Yes

No

ADDRESS (Street, City, State, Zip Code)

Permanent

Temporary

TELEPHONE (Include Area Code)

RACE:

WHITE

BLACK

HISPANIC

ASIAN/  
PACIFIC ISLANDER

AMERICAN INDIAN/  
ALASKAN NATIVE

MULTI-RACIAL/  
ETHNIC

---

#### CONFIDENTIAL INFORMATION

Complete only if it shows (1) your child's current living situation; or (2) your living situation if you are a youth not living with a parent or guardian. Check the appropriate box:

Shelter: Name, Address:

Motel/hotel, camping ground or other similar situation due to lack of alternative, adequate housing:

Name, Address:

Train or bus station, park or in a car

Abandoned apartment/building

With relatives or others due to lack of housing: Name, Address:

Temporarily housed in shelter awaiting DCFS foster care placement:

Name, Address:

Other:

Disaster victim? Explain:

Is there a current Order of Protection or No Contact Order which concerns the student?

Yes

No

Last school attended: \_\_\_\_\_  
 School Name \_\_\_\_\_ Town/City \_\_\_\_\_ State \_\_\_\_\_

**Eligible for any educational and school related activities and services?**

- Special Education (IDEA)    English Language Learners (ELL)    Gifted and Talented    Vocational Education    Preschool age 3-5  
 Other: \_\_\_\_\_

**Possible Barriers to Education**

- School Selection    Transportation    School Records    Immunizations or other medical records  
 Other: \_\_\_\_\_

**Proposed Services and Activities to be Provided by McKinney-Vento**

- |   |   |
|---|---|
| <input type="checkbox"/> Tutoring or other instructional support                    | <input type="checkbox"/> Expedited evaluations                            |
| <input type="checkbox"/> Referrals for medical, dental, & other health services     | <input type="checkbox"/> Staff professional development/awareness         |
| <input type="checkbox"/> Assistance with participation in school programs           | <input type="checkbox"/> Transportation                                   |
| <input type="checkbox"/> Obtaining or transferring records necessary for enrollment | <input type="checkbox"/> Early childhood programs – preschool, Head Start |
| <input type="checkbox"/> Coordination between schools and agencies                  | <input type="checkbox"/> Before/after-school, mentoring, summer programs  |
| <input type="checkbox"/> Clothing to meet a school requirement                      | <input type="checkbox"/> Parent education related to rights/resources     |
| <input type="checkbox"/> Emergency assistance related to school attendance          | <input type="checkbox"/> Counseling                                       |
| <input type="checkbox"/> Addressing needs related to domestic violence              | <input type="checkbox"/> School supplies                                  |
| <input type="checkbox"/> Referral to other programs and services                    | <input type="checkbox"/> Other _____                                      |

COMMENTS:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Please list below the children in your care: (Attach additional sheets if necessary.)

NAME OF CHILD	DATE OF BIRTH	SEX		GRADE LEVEL	NAME OF LAST SCHOOL ATTENDED	NAME OF NEW SCHOOL
		M	F			
		<input type="checkbox"/>	<input type="checkbox"/>			
		<input type="checkbox"/>	<input type="checkbox"/>			
		<input type="checkbox"/>	<input type="checkbox"/>			
		<input type="checkbox"/>	<input type="checkbox"/>			
		<input type="checkbox"/>	<input type="checkbox"/>			
		<input type="checkbox"/>	<input type="checkbox"/>			
		<input type="checkbox"/>	<input type="checkbox"/>			
		<input type="checkbox"/>	<input type="checkbox"/>			
		<input type="checkbox"/>	<input type="checkbox"/>			
		<input type="checkbox"/>	<input type="checkbox"/>			
		<input type="checkbox"/>	<input type="checkbox"/>			

---

CONTACT INFORMATION OF FAMILY: (Cell phone, e-mail and emergency contacts)

---

SERVICES ALREADY BEING PROVIDED:

---

OTHER INFORMATION:

---

In signing this document, I understand and acknowledge that I am representing that my child is entitled to free school accommodations from the City of Milford by virtue of their having a legal residence at the above-named address. I understand that if the information provided in connection with this questionnaire is determined to be false or misleading, resulting in the child/children named above to not be legally entitled to attendance in the Milford Public Schools, the school district may take legal action to recoup valid tuition charges and legal fees. I understand that if it is determined that I have defrauded the Milford Public Schools, I may also be subjected to the pains and penalties of perjury and false statement and such other remedies as may be available under law.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Witness

# Milford Public Schools

## Community Services Providers

\*This is a list of available community resources, not MBOE recommendations

<b>McKinney Vento supports</b>	email/address	Phone number
State Liaison- Louis Tallarita	Louis.Tallarita@ct.gov	860-807-2058
District Liaison - Carole Swift	cswift@milforded.org	203-783-3461
211 Local Services Connection	211	211
<b>Health and Medical Agencies</b>		
Milford Department of Human Services	150 Gulf Street	203-701-4513
Milford Health Department	82 New Haven Avenue	203-783-3285
Project Mothercare (Health Services for children and adults)	674 Washington Ave, West Haven	203-931-4360
Department of Social Services	50 Humphrey Street, New Haven	855-626-6632
Catholic Charities of Milford	203 High Street	203-874-6270
Bridges	949 Bridgeport Avenue	203-878-6365
Planned Parenthood	345 Whitney Avenue, New Haven	203-503-0450
Rape Crisis Center of Milford	70 West River Street	203-874-8712
<b>Substance Abuse</b>		
Milford Prevention Council	70 West River Street	203-783-6676
<b>Domestic Violence</b>		
The Umbrella Center for Domestic Violence Services	Ansonia, CT	203-736-2601
<b>Employment Assistance</b>		
Milford Employment and Training	150 Gulf Street	203-783-3243
<b>Logistical supports (school supplies, summer programs, food, clothing, resources for children,)</b>		
United Way	20 Evergreen Avenue	203-874-6791
Milford Recreation Department	70 West River Street	203-783-3280
Milford Family Resource Center	466 West River Street	203-783-3627
YMCA	631 Orange Avenue	203-878-6501

**Milford Public Schools**  
**Community Services Providers**

\*This is a list of available community resources, not MBOE recommendations

Boys and Girls Club	59 Devonshire Road	203-713-8055
Tuesday's Closet	28 North Street	203-878-1178
Kids Closet	35 Matthew Street	203-876-9924
Beth El Center and Soup Kitchen	90 New Haven Avenue	203-876-0747
Milford Food Bank (through Milford Dept. of Human Services)	150 Gulf Street	203-783-3253
Salvation Army - Milford Service Unit		203-783-3383
Literacy Center	16 Dixon Street	203-878-4800