

WINONA AREA PUBLIC SCHOOLS ISD #861  
McKINNEY-VENTO HOMELESS EDUCATION

Contact Person (Parent, Guardian, Other)	
Address (Street, City, State, Zip Code)	
Phone Number (Include Area Code)	
Your child may be eligible for additional educational services through Title I Part A, and/or Federal Assistance. Eligibility can be determined by completing this questionnaire. This information is confidential. Presently are you and/or your family in any of the following living situations. Check the appropriate box below.	
<input type="checkbox"/> Sharing housing of others due to loss of housing, economic hardship or similar reason	<input type="checkbox"/> Migrant Worker
<input type="checkbox"/> Staying in a shelter	<input type="checkbox"/> Transitional Housing Unit
<input type="checkbox"/> Unsheltered (living in a car, street, abandoned building, etc)	<input type="checkbox"/> Unaccompanied youth: Not in the physical custody of a parent or legal guardian
<input type="checkbox"/> Motel/hotel due to loss of housing	<input type="checkbox"/> Other: Please Explain
Is there a current <i>Order of Protection</i> or <i>No Contact Order</i> that concerns the student(s)? Yes ___ No ___ If Yes, please explain:	

<b>PLEASE LIST BELOW THE CHILDREN IN YOUR CARE</b>							
	Name			Date of Birth	Grade	Current School of Enrollment	Special Services Y/N
First	Middle	Last					

Your child may be eligible for additional educational services through Title I Part A, and/or Federal McKinney-Vento Assistance. The purpose of this information is to ensure the rights of your children and youth under the McKinney-Vento law. Your child /children's status may be disclosed to other school officials for the purpose of receiving assistance for other school related needs and program assistance. This information is confidential and will only be shared on a need to know basis.  
By signing below, I acknowledge that I have received and agree to the above rights.

\_\_\_\_\_  
Signature of Parent/Guardian or Person Completing this Form in lieu of Parent/Legal Guardian \_\_\_\_\_  
Date

<b>FOR OFFICE USE ONLY</b>
Received by _____ Date _____
Email completed form to (1) District Office: Community Education Director and (2) School Social Worker

**FOR OFFICE USE ONLY**

MCKINNEY VENTO COORDINATOR: \_\_\_\_\_

START DATE: \_\_\_\_\_

END DATE: \_\_\_\_\_

TRANSPORTATION REQUIRED: \_\_\_\_\_ YES \_\_\_\_\_ NO

START DATE: \_\_\_\_\_

END DATE: \_\_\_\_\_

**Distribution sent to the following on DATE:**

- Building Secretary
- MARRS Specialist
- Transportation
- Food Service
- Referral to community resources
- Clothing Closet referral

**Discussion regarding:**

- Academic Needs - (attendance, assessments, etc)
- Health Needs - (medications, insurance, etc)
- Basic Needs
- Early Childhood Questions
- Extra-Curricular Questions