



## **McKinney-Vento Homeless Assistance Act Confidential Form**

*Do you and your student live in a home, rented home, or apartment (one family) or live with friends or relatives (not due to economic hardship)?*

If your response to this question is "Yes", you **DO NOT** need to complete this form.

If your response to this question is "**No**", please complete and submit this form to your school.

\_\_\_\_\_  
Name of Student: \_\_\_\_\_ DOB: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

Name of Parent/Guardian: \_\_\_\_\_

Address/Current Location: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

I declare that my family meets one of the following conditions for the McKinney-Vento Homeless Assistance Act: (Please check all that apply)

- Lack a fixed, regular nighttime residence
- Live with a friend or relative because I cannot afford housing (doubled-up)
- Live in a motel/hotel
- Live in an emergency shelter, transitional shelter, domestic violence shelter
- Live in a car, trailer, park, or campground
- Other: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

<p><b>For office use only:</b></p> <p>Entered information into Aeries - Information for student(s) at your site only.</p> <p>Signature of School Staff Entering Information: _____ Date: _____</p>
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