



## Housing Information/McKinney-Vento Eligibility Form

Your answers will help determine if the student meets eligibility requirements for services under the McKinney-Vento Act

**We are required by Federal Law to update the McKinney-Vento data base every year. Please fill out this form regardless of your status. Thanks.**

**Is the student's current address a temporary living arrangement due to loss of housing or economic hardship?**                      Yes \_\_\_\_\_                      No \_\_\_\_\_

If you answered ***YES***, please complete the remainder of this form.

Please choose which of the following situations the student currently resides in (you can choose more than one):

- sharing a residence with one or more families because of economic hardship.
- living in a motel or hotel.
- living in a shelter (domestic violence, emergency, or transitional housing units).
- living in a car, park, campground, or public place.
- living in a place without adequate facilities (not designed for heat, electricity, water).
- seeking enrollment without an accompanying parent (not in foster care).
- Disaster victim? Explain:** \_\_\_\_\_

Address of current residence, name of motel/hotel, shelter, or "general area" of current residence: \_\_\_\_\_

If you are living in shared housing, please check all the following that apply:

- Loss of housing     Economic situation     Temporarily waiting for a house or apartment
- Provide care for a family member     Living with boy/girlfriend     Loss of employment
- Parent/Guardian deployed     Other(explain) \_\_\_\_\_

Student Name: \_\_\_\_\_ School: \_\_\_\_\_

Student ID# \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_ Gender: \_\_\_\_\_

Sibling(s) Information:

| Name | Grade: | Student ID: | School: |
|------|--------|-------------|---------|
|      |        |             |         |
|      |        |             |         |
|      |        |             |         |

Guardian Name: (Print) \_\_\_\_\_ Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_ Signature: \_\_\_\_\_

- **Please notify the school if your living status changes.**
- **If a false claim is made about your living situation, enrollment may be affected.**

Parents: Submit forms via email [dsdhomeless@dsdmail.net](mailto:dsdhomeless@dsdmail.net) . Please call the Homeless/Displaced Department if you need assistance or have questions concerning this form at (801) 402-5119.