

**LINCOLN PARK SCHOOL DISTRICT**  
**92 RYERSON ROAD, LINCOLN PARK, NJ 07035**  
**Tel. 973-696-5500 • Fax 973-696-9273 • [www.lincolnparkboe.org](http://www.lincolnparkboe.org)**

**McKinney-Vento Homeless Education  
Homeless Affidavit**

This form is to be used to satisfy, on a temporary basis, district requirements for documentation of residency and/or guardianship of a homeless student.

The questionnaire is intended to address the McKinney-Vento Homeless Education Act 42 U.S.C. 11435.

Student's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_

Parent/Guardian Name(s): \_\_\_\_\_

Phone number(s): \_\_\_\_\_

Current Address: \_\_\_\_\_

Move Date: \_\_\_\_\_ How long do you plan to live at this residence? \_\_\_\_\_

Previous Address: \_\_\_\_\_

How long did you live at this address? \_\_\_\_\_

Last School Attended: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Siblings	Grade Level	Name of Last School Attended	Name of New School

**Please answer all of the following questions:**

- Is this student's home address a temporary living arrangement?  Yes  No
- Is this temporary arrangement due to loss of housing or economic hardship?  Yes  No
- Is this student in temporary or emergency foster care placement?  Yes  No
- Is the student not living with a parent or legal guardian?  Yes  No

**Where is the student currently living? (check box)**

- With more than one family in a house or apartment
- Temporary/emergency foster care
- In a motel/hotel – Name of motel/hotel: \_\_\_\_\_
- In a shelter – Name of shelter: \_\_\_\_\_
- Transitional Housing – Name of Transitional housing: \_\_\_\_\_
- Group Home – Name of Group Home: \_\_\_\_\_

- Moving from place to place or a location not designed for sleeping accommodations (ex. car, park, or campsite)

**Please check off all types of transportation accessible to the family.**

- None  Car  Bus  Train  Other \_\_\_\_\_

**With whom does the student currently live: (check box and/or circle where necessary)**

- Both Parents
- One parent – Mother/Father
- Which Parent(s) has legal custody – mother/father

**Describe the current living situation in detail (Ex. What circumstances lead you to this current residence?):**

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**In your child's previous school, did he/she receive any of the following? (Check all that apply)**

- My child did not receive any of the following services.
- Special Education (I.E.P.)/Exceptional Children's Services- Describe: \_\_\_\_\_
- 504 Accommodation Plan- Describe: \_\_\_\_\_
- English As a Second Language (ESL)  Help for Behavior Improvement
- Academically or Intellectually Gifted services  Counseling Services
- Basic Skills/Tutoring Services  Other

**At this time, what is the greatest need for your child? (Check all that apply)**

- School Supplies  Referral for food assistance
- Mental health/counseling referral  Help for academic improvement
- Help for Behavior Improvement  Referral for medical
- Other- Please describe: \_\_\_\_\_

My signature below affirms the following: (1) the information I have provided on this form is true and accurate to the best of my knowledge or belief; (2) to release information concerning my child(ren) to officials of the McKinney-Vento Project for displace families; (3) to release information concerning service requests which will result in agency and school review in order to provide essential services; (4) I understand that I must notify the school district of any changes as soon as they occur.

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
(or Unaccompanied Youth)

