

Newport School District
M-V Student Housing Form

(The following information is confidential and will be used only to assist in providing the student with services he/she may qualify for)

This form is intended to address requirements of the McKinney-Vento Act, Title X, Part C of the No Child Left Behind Act. The questions below are to assist in determining whether the student falls within the definition of homelessness.

- I consider my/our living arrangement to be fixed, stable, and adequate.
(If you have checked this box you may disregard the remainder of this document)

If you feel your living arrangement is temporary, inadequate or unstable, please fill out the information below.

I. Is your living arrangement due to the loss of housing or economic hardship? Yes No

II. According to the reauthorized McKinney-Vento Law, any school-age youth that lives...

Please, check the box that best describes your living situation.

Office use

- | | |
|--|------|
| <input type="checkbox"/> With someone other than a legal parent or guardian or alone without an adult; | (24) |
| <input type="checkbox"/> Family is doubled up with friends or relatives as you cannot afford, or find affordable, housing; | (B) |
| <input type="checkbox"/> In temporary, emergency or transitional housing or shelter; | (A) |
| <input type="checkbox"/> In a motel or hotel; | (D) |
| <input type="checkbox"/> In a campground or travel trailer; | (C) |
| <input type="checkbox"/> In a vehicle, utility trailer, abandoned building, or place not designed for human accommodations; | (C) |
| <input type="checkbox"/> In conditions you feel are inadequate in providing basic needs such as lack of heat, electricity, running water, overcrowded... | (C) |

**Please write a short description of your living arrangement in order to assist in correctly identifying you for services:*

*** _____ ***

III. If you identify with a living situation in section II., please check any of the following needs you may have:

- Free school lunch – *if you checked any of the above living situations, the student will automatically receive free meals at school, once confirmed by the District liaison that you qualify under the McKinney-Vento Act.*
- | | |
|---|---|
| <input type="checkbox"/> School Supplies | <input type="checkbox"/> Academic assistance |
| <input type="checkbox"/> School/gym clothes and shoes | <input type="checkbox"/> Vocational/Technical options/opportunities |
| <input type="checkbox"/> Hygiene products and/or showers at school | <input type="checkbox"/> Gifted/talented programs |
| <input type="checkbox"/> Medical insurance | <input type="checkbox"/> Counseling |
| <input type="checkbox"/> Linked w/ local agencies (DSHS, Rural Resources, Pend Oreille Crime Victims Services) | |
| <input type="checkbox"/> Entrance into Head Start, Early Head Start, Developmental Preschool, or ECEAP program for a child in your care | |

**Please fill out the Student Needs Form to provide detail of the needs you have indicated...*

Student Name: _____ **Grade:** _____ **Date:** _____

Siblings living in the same situation:	Name	Age	Grade/School

Parent/Guardian or person you are staying with: _____

Address where you are receiving mail: _____

Address where you are sleeping: _____ **How long:** _____

Phone/Message Phone/Email where you can be reached: _____

Our Homeless Liaison is Keri Leslie. She can be reached at 447-3167 ext. 4507 or lesliekeri@newportgriz.com