



TEMPORARY HOUSING STUDENT ELIGIBILITY FORM

1. Student(s) info: (Please list all children in home, 5-18 years old)

Table with 4 columns: Name, Date of Birth, Grade, School. Multiple empty rows for data entry.

Are there any children 0-5 in the home? Yes [ ] No [ ]

2. Parent/Guardian info:

Name: \_\_\_\_\_ Relationship to student(s): \_\_\_\_\_
Phone Number: \_\_\_\_\_
Email Address: \_\_\_\_\_
Physical Address: \_\_\_\_\_

3. Where does the student stay at night?

- [ ] In a single-family home that is permanent (If you mark this box you may STOP here)
[ ] "Doubled-Up" Living with friends or relatives temporarily (Because you do not have a place of your own due to hardship)
[ ] In a DV/Homeless Shelter, a Hotel/Motel, a Vehicle, or Campsite/RV (Please circle one)
[ ] Unaccompanied Youth (not living with a parent or legal guardian)

4. Does the student(s) need:

- [ ] Meals at School (Breakfast and Lunch)
[ ] Transportation / Bus to and from school (How is the student getting to school currently?)
[ ] Weekend Meals (Weekly food bags of non-perishable foods from Hungry Kids - HEF)
[ ] Other: Clothing, School Supplies, Hygiene Supplies, referrals to local resources, etc.

This form is intended to address the requirements of the McKinney-Vento Act (Title X, Part C of the No Child Left Behind Act). The questions are to assist in determining eligibility for services provided under the McKinney-Vento Act. Once the form is completed, please return it to your child's school office.

Under penalty law, I declare that the information provided here is true and correct to the best of my knowledge. If called upon to testify, I would be competent to do so.

Signature of person completing this form

Date

Office Use Only Sent letter \_\_\_\_\_
Approved \_\_\_\_\_
or Date \_\_\_\_\_
Denied \_\_\_\_\_
SIS DATASHEET F&N BUS NURSE SCHOOL