



CAREGIVER FORM FOR UNACCOMPANIED HOMELESS YOUTH YOUTH IN TRANSITION PROGRAM

MCKINNEY-VENTO EDUCATION FOR HOMELESS CHILDREN AND YOUTH

CHARLES COUNTY PUBLIC SCHOOL
DEPARTMENT OF STUDENT SERVICES

SY 20__-20__

Check one: New application: _____

Renewal application : _____

This caregiver form is intended to address the McKinney-Vento Homeless Education Assistance improvement Act of 2001 (P.L.107-110) requirement that homeless children are to have access to education and other services. The McKinney-Vento Act specifically states that barriers to enrollment must be removed. In some cases, a homeless child or youth may not be able to reside with his/her parent or legal guardian.

The McKinney-Vento Act provides rights and services for children and youth experiencing homelessness. Children or youth who choose to share housing for the following examples listed below, but not limited to, are not covered under the Act:

- Parent(s) or guardian(s) who transfer for work, and the student shares housing with others to complete the school year;
- Student moves in with a friend, relative, or coach to play sports, be in a school group or activity, attend a different school other than the assigned school, etc.;
- The work schedule of a parent or guardian is problematic, so the child stays with relatives or friends of the family.

Charles County Public Schools reserve the right to determine eligibility for unaccompanied homeless youth on a case- by - case basis.

Instructions: Complete this form only for a child or youth eligible for McKinney-Vento services enrolling in school while not in the physical custody of a parent or legal guardian. Attach to McKinney-Vento Education for Homeless Youth and Children Application.

STATEMENT: I am 18 years of age or older and have agreed to fulfill the role of caregiver for the minor named below.

Name of minor: Last Name: _____ First Name: _____ Middle Name: _____

Minor's Date of Birth: _____

Caregiver Name: Last Name: _____ First Name: _____ Middle Name: _____

Relationship to student: _____

Caregiver(s) Home Address: _____ **City:** _____ **State:** _____ **Zipcode:** _____

Contact Numbers: Home: _____ Cell: _____ Work: _____ Email: _____

Other Caregiver Name: Last Name: _____ First Name: _____ Middle Name: _____

Relationship to student: _____

Contact Numbers: Home: _____ Cell: _____ Work: _____ Email: _____

Check one or all (for example, if one parent was advised and the other could not be located):

The parent(s) or guardian(s) having legal custody of the minor are aware of this living arrangement.

If not, please explain: _____

Enrolling Caregiver's Date of Birth: _____

Enrolling Caregiver's State Driver's License or identification card number: _____

(Please attach a clear copy of Driver's license or Photo I.D.)

I declare under penalty of perjury under the laws of this state that the foregoing information is true and correct.

Signature: _____ **Date:** _____

CCPS Personnel Signature: _____ **Date:** _____

Youth in Transition Coordinator PPW International Registration Coordinator

This form must be updated on an annual basis and accompany the McKinney-Vento Education for Homeless Children and Youth Application

Submit to Homeless.Education@ccboe.com