



Merced County Office of Education McKinney-Vento Homeless Assistance Act Declaration Form

Name of Parent/Guardian/Unaccompanied Youth: _____

Phone Number: _____

I declare that my family or I meet one of the following conditions for the McKinney-Vento Homeless Assistance Act: (Please check all that apply)

- Lack a fixed, regular nighttime residence
- Live with a friend or relative because I cannot afford housing (Doubled-up)
- Live in a motel / hotel
- Live in an emergency shelter, transitional shelter, or domestic violence shelter
- Live in a car, trailer, park, or campground
- Unaccompanied Youth
- Other _____

I regularly receive mail at:

*If you **do not** have a location to receive mail please let school staff know.

Please complete the following information for each child in your household.

Student	Date of Birth	Grade	Name of last school attended	Name of new school

I declare under penalty of perjury under the laws of the State of California that the information provided here is true and correct and of my own personal knowledge and that, if called upon to testify, I would be competent to testify.

Signature of Parent/Guardian/Unaccompanied Youth

Date

I have received a copy of McKinney-Vento Information

Notifications:

- School(s) Registrar
- Transportation to: school of residence school of origin.
- Food Services

Signature of District Liaison

Date