

McKinney-Vento Eligibility Form

The information requested on this form is required to determine eligibility for services provided per the McKinney-Vento Homeless Assistance Act (42 U.S.C Chapter 119, Subchapter IV, Part B), which ensures the educational rights and protections for youth experiencing homelessness (as defined by 42 USC 11434a[2]).

*If you own or rent your own home, you do not need to complete this form

Parent/Guardian/Caregiver Information

Name: _____

Phone Number: _____

Email Address: _____

Student Information

Student Name	Student ID#	Grade	School

Previous Living Situation

Previous Address: _____

Did you rent/own/lease this address?

- Yes
 No

How long did you live there? _____

Why did you leave that address? _____

Was this a planned move or an unexpected one due to financial circumstances?

- Planned
 Unexpected

Current Living Situation

Which of the following best describes the student(s) temporary living situation?

- Staying “doubled up” in the home of a friend or relative (due to economic hardship or loss of housing)
- Staying in a Hotel/Motel
- Staying in an unsheltered location (Ex: without running water/electricity, tent, vehicle, campground, park, etc.)
- Staying in a shelter (family shelter, domestic violence shelter, etc.)
- Staying in transitional housing (housing available for a specific period of time as part of a program and is partially paid for by a church, a non-profit organization, or a government agency or other organization)

Address where you are currently living (write “N/A” if this does not apply):

Mailing Address (if different than place currently living – write “N/A” if this does not apply):

How long has the student(s) lived in this living arrangement? _____

How long do you plan to live there? _____

How many bathrooms are there at this residence? _____

How many bedrooms are there at this residence? _____

How many people are living at this address? _____

Are you on the lease at the current address?

- Yes
- No

Are you currently paying rent/a fee to live here?

- Yes
- No

Could you be asked to leave this residence on short notice?

- Yes
- No

Where would you go if you were asked to leave this residence on short notice? _____

What else are you currently paying for?

- Food
- Utilities
- Other

Are you currently able to get our student(s) to and from school?

- Yes
- No

If not, what are the barriers preventing you from transporting your student(s)? _____

Contributing Factors

Which of the following applies to the cause of your present living situation? (Mark all that apply)

- Economic hardship
 - Loss of job/decrease in income DUE TO THE COVID PANDEMIC that resulted in loss of housing
 - Loss of job/decrease in income NOT due to the COVID pandemic that resulted in loss of housing
 - Eviction/Foreclosure
 - Natural disaster (Ex: tornado, storm, flood, hurricane, fire, etc.)
 - Living conditions (Ex: lack of water/heat/electricity, no windows, overcrowding, etc.)
 - If none of the above apply, describe the cause of your temporary living situation: _____
-
-

McKinney-Vento Services

If eligible, services that may be provided include:

- Free meals at school
- School supplies
- Waived educational fees
- Transportation (with some eligibility restrictions) to/from the school of origin for the duration of the school year

Verification of Information

***If you are an unattended minor, please fill out this section with your own printed name and signature.**

I declare that the information provided is true and correct and of my own personal knowledge

- Check box to confirm statement

Printed Name of Parent/Guardian/Caretaker

Signature of Parent/Guardian/Caretaker

Date

***If this form was completed by someone other than the Parent/Guardian/Caretaker, please fill out this section*:**

I declare that the information provided is true and correct and of my own personal knowledge

- Check box to confirm statement

Printed Name of Person that Completed the Form

Signature of Person that Completed the Form

Date

Relationship to the Student(s) [ex: community liaison, interpreter, etc.)

*Please fill out this information completely. Incomplete information will result in a delay of provided services. (Note: Fraudulent information suspected and verified will result in removal of services)

<u>Title I Office Use Only</u>	
Date Received _____ _____	<input type="checkbox"/> Eligible <input type="checkbox"/> Not Eligible <input type="checkbox"/> PowerSchool Updated
Signature of McKinney-Vento Liaison	<input type="checkbox"/> FRL Notified <input type="checkbox"/> Transportation Requested (if eligible)
Notes: _____	