McKinney-Vento Homeless Assistance Act

Declaration Form

I declare that my family meets 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 Other			
Name c	of Parent / Guardian:			
Addres	s / Current Location:			
Phone:	()	Ce	II: ()	
Emerge	ency Contact:	I	Phone: ()	
Please	list the full name of ea	ach child below	and the corresponding	g school site.
Student		Birth Date	School	Grade
	Signature of Parent /	Guardian	Date	
For off	ice use only:			
Entere	d information in Aeries	s – information	for student(s) at your	site only.
Signatı	ure of person entering	information		
Date_				