



## **McKinney-Vento Homeless Education Act**

### **Information for Parents or Unaccompanied Youth**

This information is provided to assist you in ensuring that your child receives services for which they are eligible through the McKinney-Vento Homeless Education Act.

#### **If your family is temporarily living in any of the following situations:**

- sharing the housing of other persons due to loss of housing, economic hardship, or a similar reason (sometimes referred to as “doubled-up”);
- living in motels, hotels, trailer parks, or camping grounds due to lack of alternative adequate accommodations;
- living in emergency or transitional shelters;
- have a primary nighttime residence that is a public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings;
- living in cars, parks, public spaces, abandoned buildings, substandard housing, bus or train stations, or similar settings; and

#### **Then, under the McKinney-Vento Act, your preschool-aged and school-aged children have the right to:**

- enroll in school immediately, even if they are missing records and documents normally required for enrollment (i.e., birth certificate, proof of residence, previous school records, or immunization/medical records)
- attend either the school in which their residence is zoned or the school of origin, whichever is in their best interest. The school of origin is the school the child attended when permanently housed or the school in which they were last enrolled.
- receive transportation to and from the school
- have access to the same programs and services that are available to all other students including transportation and supplemental educational services

#### **If you have questions or need assistance, please contact:**

Dr. Danielle S. Jones  
Homeless Liaison/Foster Care P.O.C.  
Office 478-765-8633  
Cellular 478-508-1966  
Danielle.Jones@bcsdk12.net



BIBB COUNTY SCHOOL DISTRICT

## FY25 MCKINNEY-VENTO STUDENT ELIGIBILITY FORM

The purpose of this form is to address requirements under the McKinney-Vento Homeless Assistance Act, Title IX, Part A in the determination of student eligibility for services. **Please answer the following questions:**

- 1. Is your family's current residence a temporary living arrangement? Yes No
- 2. Is the living arrangement due to loss of housing or economic hardship? Yes No
- 3. Is your living arrangements due to a fire? Yes No

**Unaccompanied Youth ONLY-** Are you living with someone other than your parent or legal guardian? Yes No

If you answered YES to any of the above questions, please complete the remainder of the form. If you answered NO to all of the above questions, you may stop here.

Please list **all** preschool and school-aged children:

Student's Name	Date of Birth	Current School	Current Grade	Student ID
1.				
2.				
3.				
4.				
5.				

**Current Address:** \_\_\_\_\_

How long have you lived at this residence? \_\_\_\_\_ How long will you stay at this residence? \_\_\_\_\_

**Current residency status of the student(s) listed above: (Please check one box)**

- Motel/hotel- Name of motel/hotel: \_\_\_\_\_
- Shelter- Name of shelter: \_\_\_\_\_
- Transitional Housing- Name of transitional housing: \_\_\_\_\_
- With more than one family in a house or apartment- Name of Person \_\_\_\_\_
- Location not designed for sleeping accommodations such as a car, park, or campsite: Location \_\_\_\_\_

**\* Will the students need transportation to attend school from this residence?** Yes No

**Parent/Legal Guardian/ or Unaccompanied Youth Contact Information (please print):**

Full Name: \_\_\_\_\_

Phone Number(s): \_\_\_\_\_

Emergency Contact Name and Number: \_\_\_\_\_

*I declare under penalty of perjury under the laws of this state 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/Legal Guardian/Designated Adult or Unaccompanied Youth \_\_\_\_\_

Date \_\_\_\_\_

*The information provided herein serves to confirm eligibility for McKinney-Vento Services for the student/ students listed above.*

Dr. Danielle S. Jones  
Homeless & Foster Care Liaison

Date \_\_\_\_\_

Staff member assisting with completion of form \_\_\_\_\_

Office Use Only: In Zone    Out of Zone    Zoned School(s): \_\_\_\_\_



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# FY25 McKinney-Vento Needs Assessment Survey

Parent/Guardian/Unaccompanied Youth Name: \_\_\_\_\_

Please indicate below if you need assistance in any of the following areas: (Please place an X in the appropriate column.)

<b>Academic &amp; Related Services</b>	<b>Needed</b>	<b>Not Needed</b>
<b>Enrollment</b>		
Birth certificate/Social Security Card		
Immunization Records		
Previous School Records		
Head Start/Pre-K Referral		
Tutoring		
<b>Transportation</b>		
School		
Required Educational Meetings (RTI, 504, IEP)		
Parent Conferences		
<b>Academic Supplies &amp; Fees</b>		
School supplies (paper, pencils, notebooks, etc.)		
Book bag		
Cap & Gown Fee		
<b>Uniform &amp; Personal Hygiene</b>		
Shirts <i>(Please list sizes)</i>		
Pants/Skirts <i>(Please list sizes)</i>		
Basic Hygiene & Toiletry		
<b>Other</b>		
Please specify:		
<b>Referrals</b>		
Medical/Dental		
Counseling		
Food		
Housing		
Utilities		

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date