

MCKINNEY-VENTO HOUSING QUESTIONNAIRE

Please provide the following information to address the McKinney-Vento Act 42 U.S.C. 11435. Your child(ren) may be eligible to receive services such as tutoring, transportation, supplemental instruction and enriched educational services. **This information is confidential and will be for school use ONLY.**

Parent/Legal Guardian: _____

Address/Residence: _____ Zip: _____ Phone: _____

Names of all children in the home:

Name: _____ School: _____ Grade: _____

Name: _____ School: _____ Grade: _____

Name: _____ School: _____ Grade: _____

Name: _____ School: _____ Grade: _____

Name: _____ School: _____ Grade: _____

Section A

Is your current address a temporary living arrangement? Yes ☐ No ☐

Is this temporary living arrangement due to loss of housing or economic hardship? Yes ☐ No ☐

If you answered YES to the above questions, please complete the remainder of this form.

If you answered NO, you may stop here and sign the form below.

Section B

Currently the child(ren) lives:

- ☐ With another family because I can't afford or find housing
- ☐ In a rented room (Other family rents or owns the house or apartment)
- ☐ In a Shelter
- ☐ In a hotel/motel
- ☐ In a garage
- ☐ In a car or trailer

The child(ren) lives with:

- ☐ 1 Parent
- ☐ Both Parents
- ☐ A relative, friend(s) or other adult(s)
- ☐ An adult that is not the parent or the legal guardian

Signature of Parent or Legal Guardian

Date

For Office Use Only:

I certify the above named child(ren) qualifies for the Families in Transition Program under the provisions of the McKinney-Vento Act.

McKinney-Vento Liaison Signature

Date