

Metropolitan Nashville Public Schools**McKinney-Vento Eligibility Assessment** 2024-2025____ **Parent declined to complete form****FORM A**

The information below is required under the McKinney-Vento Homeless Assistance Act, Subtitle VII-B Title IX, Part A of the Every Student Succeeds Act. Students will not be discriminated against based upon the information provided. **The information you provide is confidential.**

School _____ Date _____

Student Name _____ Date of Birth _____
(Last) (First) (Middle)

Parent/Guardian Name _____ Phone Number(s) _____

Student's Current Address: _____
Street Number and Name Zip code**Section A**

1. **Is the student living in a temporary place (motel/hotel, car, camper, emergency shelter, friend's house, relative's house)?**

YES _____ NO _____

If YES, how long has the student lived at this address _____

2. **Was the student forced into a temporary place due to loss of housing?** YES _____ NO _____

Please check all that apply:

- ☐ Loss of housing due to eviction/foreclosure
☐ Student was asked to leave by parent/guardian
☐ Domestic violence
☐ Natural disaster (fire, flood, tornado, etc.)
☐ Financial hardship (lost job, rent too high, behind on bills, unable to pay deposits for own housing, etc.)
☐ Other crisis situation, **please explain** _____

If you answered **YES to BOTH QUESTIONS** in **Section A**, please **complete Section B**. Otherwise, you may skip Section B and sign the form below.

Section B**Where is the student living?**

- ☐ In the home/apartment of a friend or relative (sharing someone else's home because you have nowhere else to live)
☐ In a shelter or transitional housing program (examples: family shelter, domestic violence shelter, youth shelter, etc.)
☐ In a hotel or motel due to economic hardship, eviction, foreclosure, fire, lack of deposits for permanent housing, etc.
☐ In a tent, car, van, abandoned building, on the streets, at a campground, in the park, or at another unsheltered location
☐ Moving from place to place

Who is the student living with?

- ☐ Parent(s)—student and parent live in the same place
☐ Legal guardian with paperwork from a court
☐ A person who is not a parent or legal guardian
☐ Other, please explain: _____

My signature below affirms that the information provided on this form is true and accurate to the best of my knowledge or belief. I understand that enrolling a child in a Tennessee public school under false pretense is punishable by law.

Signature of Parent/Guardian or Person Enrolling the Student_____
Relationship to Student_____
Date**MNPS STAFF USE ONLY: MCKINNEY-VENTO ELIGIBILITY DETERMINATION**

For eligible McKinney-Vento students, I have provided this family/student with written information detailing the rights of students under the McKinney-Vento law.

____ Student **MEETS** the McKinney-Vento requirements and **QUALIFIES** as a student in transition____ Student **DOES NOT MEET** the McKinney-Vento requirements and **DOES NOT QUALIFY** as a student in transition_____
Signature of School District Employee_____
School/Enrollment Center_____
Date

SCHOOL DISTRICT STAFF—Email form to HeroProgramReferrals@mnps.org. File the original in the student's school record.

Student Name _____ School _____

SCHOOL SELECTION

Students who qualify under the McKinney-Vento Act have two choices for school enrollment. Students may either enroll in the zoned school for their current address or remain in the school they were attending (school of origin).

Please mark one.

☐ I am enrolling this student in the zoned school for our current address. **STOP HERE and go to Form C.**

☐ I would like for this student to stay in his/her current school even though we have moved:

School Name: _____ Last Date Attended: _____

SCHOOL OF ORIGIN TRANSPORTATION

Only complete this section if the student is requesting to stay at the school of origin.

Student's Current Address: _____
Street Number and Name Apartment Number (if applicable) Zip code

Parent/Guardian Name _____ Parent/Guardian Email Address: _____

Phone 1: _____ Phone 2: _____

Emergency Contact Name: _____ Emergency Contact Phone Number: _____

Please select the transportation option you prefer:

☐ **OPTION 1: MNPS school bus/Contracted transportation service**

The student will be assigned to an MNPS school bus or to a contracted transportation service. Requests are submitted to the MNPS Transportation Department for routing. Drivers will contact the parent/guardian/student with times and location of the stops once the transportation has been set up. It may take ten days or more for transportation to start depending on the distance.

☐ **OPTION 2: Mileage reimbursement**

The student or family will provide their own transportation. Reimbursement checks are issued the month after transportation is provided and are based on attendance records for the previous month and the distance traveled. Parents must confirm their living situation at the end of each month by phone with the HERO Program Office before a check can be issued.

☐ **OPTION 3: MTA/WeGo city bus passes**

The student will ride the city bus. All high school students receive a student ID from their school that can be used to ride the bus. Parents of middle school students need to complete STRIDE paperwork at the students' school to receive a bus pass. Elementary students and their parents will receive passes from the HERO Office. Bus passes may be picked up at the HERO Program Office or can be mailed to schools. Requests typically take 1-3 days.

☐ **OPTION 4: No transportation is needed at this time.**

Please mark the services you are requesting for the student you are enrolling.

By checking the box/boxes below, I consent to The HERO Program of Metropolitan Nashville Public Schools releasing my name and contact information to the agency listed so that I may be contacted directly by that agency for follow-up as needed.

Student Name: _____ School: _____

Services Requested

Agency Receiving Referral

☐ Health insurance information or help getting a medical appointment

National Health Care for the Homeless Council

☐ Food assistance (weekend food packs to be sent home 1-2 times per month)

MNPS HERO Program

☐ Backpack and school supplies

MNPS HERO Program

☐ Standard school attire and shoes

Please provide sizes in number format, items cannot be sent without size information

MNPS HERO Program, School Clothing Closet and/or Unicycle

CLOTHING—Circle one: **Boys Youth (4-20)** **Girls Youth (4-20)** **Adult Men's (28-44)** **Adult Women's (2-24)**

Pants/shorts size: _____ **Shirt size:** _____

SHOES—Circle one: **Boys Youth** **Girls Youth** **Adult Men's** **Adult Women's**

Size: _____

SIBLING INFORMATION

If the student has siblings who live in the same situation, please list their information below. Please include school-age children as well as preschool children who have not started school. **You need to complete separate HERO Forms for all school-age children.**

Name: _____ Birth date: _____ School: _____

Name: _____ Birth date: _____ School: _____

Name: _____ Birth date: _____ School: _____

Name: _____ Birth date: _____ School: _____

SIGNATURE

My signature below indicates that I have received a copy of my rights under the McKinney-Vento law. By checking the box/boxes above, I consent to The HERO Program of Metropolitan Nashville Public Schools releasing my name and contact information to the agency listed so that I may be contacted directly by that agency for follow-up.

Signature of Parent/Guardian or Person Enrolling the Student

Phone Number

Date