

**Metropolitan Nashville Public Schools  
McKinney-Vento Eligibility Assessment**

\_\_\_\_ Parent declined to complete form  
\_\_\_\_ Form completed by PHONE

**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 ELIGIBILITY CAN NOT BE DETERMINED UNLESS EVERY QUESTION IS COMPLETE**

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. Check the box that applies to the cause of your temporary living situation:

- 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 QUESTION 1 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, moving from place to place)
- In a shelter or transitional housing program (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

**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](mailto:HeroProgramReferrals@mnps.org).  
File the original in the student's school record.**

**Metropolitan Nashville Public Schools**

**McKinney-Vento School Selection and School of Origin Transportation Request**

**FORM B**

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**

**ONLY COMPLETE THIS SECTION IF THE STUDENT IS REQUESTING TO STAY AT THE CURRENT OUT OF ZONE SCHOOL**

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

Parent/Guardian Name \_\_\_\_\_ Parent/Guardian Email Address: \_\_\_\_\_

Phone 1: \_\_\_\_\_ School Contact: \_\_\_\_\_

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.**

**SCHOOL DISTRICT STAFF—Email form to [HeroProgramReferrals@mnps.org](mailto:HeroProgramReferrals@mnps.org).  
File the original in the student's school record.**

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

Student Name: \_\_\_\_\_ School: \_\_\_\_\_

**Services Requested**

**Agency Receiving Referral**

Food assistance (weekend snack 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

MNPS HERO Program, School Clothing Closet and/or Unicycle

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

**CLOTHING—Check 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—Check one:**      **Boys Youth**      **Girls Youth**      **Adult Men's**      **Adult Women's**

**Size:** \_\_\_\_\_

**SIBLING INFORMATION**

***You need to complete separate HERO Forms for all school-age children.***

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.

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.

\_\_\_\_\_  
Signature of Parent/Guardian or Person Enrolling the Student

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Date

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