HAMPTON COUNTY
SCHOOL DISTRICT

MCKINNEY-VENTO IDENTIFICATION FORM

School: _____ Date: _____

Student Name (PLEASE PRINT): _____ Birth Date: _____Grade: _____

Please list all of YOUR preschool and school-aged children currently living with you (PLEASE PRINT)

Name: _____Birth Date: _____ School: _____

Name: _____ Birth Date: _____ School: _____

Name: _____ Birth Date:_____ School:_____

Information provided on this form is confidential.

1. Do you live in any of these following situations?
   - ☐ Sharing the housing of other persons due to (check one)
   - ☐ Loss of housing, economic hardship, or a similar reason (example: evicted from home, etc.)
     Explain: _____
   - ☐ Long-term, cooperative living arrangement to save money or a similar reason
   - ☐ Other (please specify):_____
   - ☐ In emergency or transitional shelters such as domestic violence or homeless shelters or transitional housing
   - ☐ Have a primary nighttime residence that is a place not designed for or ordinarily used as a regular sleeping accommodation
   - ☐ In cars, parks, public spaces, abandoned buildings, substandard housing, bus or train stations, or similar settings.
   - ☐ None of the above

2. How long do you anticipate living at this location? _____

Current Address: _____ Phone Number: _____

_____ _____
Parent/Guardian/Unaccompanied Youth Signature Date

_____ _____
District/School Personnel Signature Date

SCHOOL USE: If a homeless situation is indicated, send the completed form to the Director of Student Services via inter office mail, email ldarien@hcsdsc.org or contact the Homeless Liaison at (803) 903-1036 with any questions.

_____ _____
Homeless Liaison Signature Date