



Families in Transition Application 2025-26

1415 North 26th Street
St. Joseph, MO 64506
Phone: 816-259-5100

This questionnaire is intended to address the federal **McKinney-Vento Act**.
Your answers will be used to determine eligibility for services within the guidelines of this act.

Name of Student _____ Male _____ Female _____
Last First Middle

School _____ Grade Level _____ DOB _____

Current Address _____ Previous Address _____

Phone _____ Email _____

Name of Parent(s)/Guardian(s) _____

Sharing residence with _____ Relationship to student _____

Homeless (Families who lack a fixed, regular, and adequate nighttime residence. Enrollment cannot be delayed even if they lack documentation.)

Unaccompanied Youth (Youth who live apart from their parents/legal guardian. They can enroll in school independently or with the assistance of a friend, relative, or mentor. Schools cannot delay enrollment even if they lack proof of guardianship or other documentation.)

Explain current living/housing situation. Please provide details:

Reason for hardship (Check all that apply):

- | | |
|---|---|
| <input type="checkbox"/> Domestic Violence | <input type="checkbox"/> Job Loss/Low Wage Job |
| <input type="checkbox"/> Divorce/Separation | <input type="checkbox"/> Eviction |
| <input type="checkbox"/> Unlivable/Unsafe Housing Conditions (Specify) _____ | <input type="checkbox"/> Illness/Hospitalization |
| <input type="checkbox"/> House Fire | <input type="checkbox"/> Death in the Family |
| <input type="checkbox"/> Incarceration of One or Both Parents | <input type="checkbox"/> Other (Specify) _____ |

Presently student is living due to hardship: (Check all that apply)

- | | |
|--|---|
| <input type="checkbox"/> In a shelter (SF/SY) | <input type="checkbox"/> Doubled up with family or friends (DF/DY) |
| <input type="checkbox"/> In a motel/hotel (HF/HY) | <input type="checkbox"/> Unsheltered-such as staying in a vehicle, tent/camper or abandoned building (UF/UY) |

Request for Transportation to School of Origin *provided if staying more than one mile from school and not within a bus route*

Do you need assistance with transportation for your child to/from school? Yes No

I declare under penalty of perjury under the laws of this state that the foregoing information is wholly true and correct.

Signature _____ Date _____

*OFFICE USE ONLY:

Approved By: _____ Date _____ Student ID # _____

Student Name: _____ Phone: _____ Male _____ Female _____

School: _____ Grade: _____

➤ **ITEMS ARE FOR SCHOOL AGE CHILDREN ENROLLED AND ATTENDING SJSJSD**

Parent/Guardian Fill Out			
Item	Please x if item is needed.	Size? (Specify Child or Adult)	Item Filled (√)
Jeans			
Sweatpants or Leggings			
Shorts			
Shirts			
Socks			
Underwear			
Shoes			
Sports Bra			
Sweatshirt or Hoodie			
**For applications submitted before October 1st, winter items may be requested by contacting school personnel or the FIT office after October 1st.			
*Coat (Available 10/1)			
*Hat (Available 10/1)			
*Gloves (Available 10/1)			

Hygiene Supplies ** Please x if an item is needed.			
Brush/Comb		Body Wash	
Toothbrush/Toothpaste		Deodorant	
Shampoo/Conditioner		Tampons	
Hair Grease/Oil		Feminine Pads	

School Supplies **Please x if an item is needed.					
Backpack		Composition Books		Highlighters	
3 Ring Binder		Crayons		Glue	
Notebook Paper		Markers		Ruler	
Folders		Pens/Pencils/Erasers		Calculator	
Spiral Notebooks		Colored Pencils		Earbuds	

Once application is complete, please scan **both** pages to
KimSiela@sjsd.k12.mo.us , KimHill@sjsd.k12.mo.us and Maria.Burnham@sjsd.k12.mo.us
 Thank you!