

MCKINNEY-VENTO QUESTIONNAIRE

STUDENT RESIDENCY

By completing this questionnaire, you help the district comply with the McKinney-Vento Act, Title X, Part C of the No Child Left Behind Act. Your truthful and accurate answers help the district identify services that the student may be eligible to receive.

School _____

Student's Name _____ Male ___ Female

Date of Birth (Month/Date/Year) _____ Age _____ Grade _____

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

Address _____

City/State/Zip _____

Phone # _____ Email: _____

1. Where is the student living now?

- ☐ In a shelter ☐ In a motel or hotel ☐ With more than one family in a house or apartment
☐ In a car ☐ In a trailer park or campsite ☐ With friends or family members (other than parent/guardian)
☐ None of the above ☐ Unaccompanied youth

Additional Details: _____

2. To your knowledge, was the student listed as eligible under McKinney-Vento in a previous district since the beginning of this school year?

☐ Yes ☐ No

3. Name/age of other family members:

If you checked the box marked "None of the above" for Question 1 and "No" for Question 2, you do not have to complete the remainder of this form. Please sign below and return this form to your school office.

4. Does the living arrangement checked in question 1 result from a loss of housing or economic hardship?

☐ Yes ☐ No ☐ Unsure

5. The student(s) lives with

- ☐ 1 Parent ☐ 2 Parents ☐ 1 Parent & another adult ☐ A relative, friend(s) or other adults
☐ Alone with no adults ☐ An adult who is not the parent or the legal guardian

PARENT/LEGAL GUARDIAN'S SIGNATURE _____ DATE _____

FOR SCHOOL USE ONLY

- ☐ Student not covered by McKinney-Vento Act
☐ Student covered by McKinney-Vento Act
☐ Student not currently MV, but eligible for services for the remainder of the school year based on status in a previous district.
☐ Follow-up required

Resources offered: ☐ Housing ☐ Transportation ☐ Educational ☐ Community Resources ☐ Program Referrals ☐ Free/Reduced Lunch

Name & telephone # of a contact person at the student's school who may know of the family's situation:

Name/Phone # _____ Date _____



Kentucky Migrant Education Program

Identification & Recruitment

Parent Survey

Address: _____

How long has your family lived at your present address? _____ years _____ months

Has your family moved in the last 3 years? ☐ Yes ☐ No

Has anyone in your family worked in anything related to the jobs listed below? ☐ Yes ☐ No



Feed Cattle,
Processing,
Packing



Dairy



Eggs



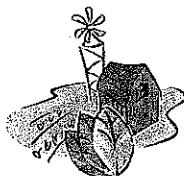
Cultivation, soil
preparation



Fishing



Harvest (fruit and
Vegetables)



Tobacco



Trees
planting,
Cutting



Nursery, sod,
Greenhouse

Name of Parents _____

Please list all children less than 22 years of age

First name	Last name	Gender	School	Grade	Date of birth

Telephone: _____ Best time to call: _____

FULTON COUNTY SCHOOLS

Dear Parent/Guardian:

Our school is participating in the Community Eligibility Provision (CEP) under the National School Lunch Program. The CEP provision is available to schools with a high percentage of economically disadvantaged students. Under CEP all students receive a breakfast/lunch at no charge for the entire school year. However, to determine eligibility to receive additional benefits for your child(ren) you will need to complete a household and income form.

1. DO I NEED TO FILL OUT A FORM FOR EACH CHILD? No. *Use one Household and Income Form for all students in your household.* We cannot use a form that is incomplete, so be sure to fill out all required information. Return the completed form to: FULTON COUNTY SCHOOLS, Attn: Leigha Ellingburg, 2740 Moscow Ave, Hickman, KY 42050.
2. MY CHILD(REN) ALREADY RECEIVE MEALS AT NO CHARGE AT FULTON COUNTY SCHOOLS. WHY SHOULD I COMPLETE THIS FORM AS WELL? Many state and federal programs use socioeconomic status (that is, household and income information) to determine eligibility for their programs. In addition, the primary state funding calculation uses socioeconomic status. By completing this form your school is able to determine your child(ren)'s eligibility for additional programs. Regardless, your child(ren) will still receive meals at no charge at **FULTON COUNTY SCHOOLS**.
3. WHO SHOULD I INCLUDE AS MEMBERS OF MY HOUSEHOLD? You must include all people living in your household, related or not (such as grandparents, other relatives, or friends) who share income and expenses. You must include yourself and all children living with you. If you live with other people who are economically independent (for example, people who you do not support, who do not share income with you or your children, and who pay a pro-rated share of expenses), do not include them.
4. WHAT IF MY INCOME IS NOT ALWAYS THE SAME? List the amount that you normally receive. For example, if you normally make \$1000 each month, but you missed some work last month and only made \$900, put down that you made \$1000 per month. If you normally get overtime, include it, but do not include it if you only work overtime sometimes. If you have lost a job or had your hours or wages reduced, use your current income.
5. WE ARE IN THE MILITARY. DO WE INCLUDE OUR HOUSING ALLOWANCE AS INCOME? If you get an off-base housing allowance, it must be included as income. However, if your housing is part of the Military Housing Privatization Initiative, do not include your housing allowance as income.
6. MY SPOUSE IS DEPLOYED TO A COMBAT ZONE. IS HIS/HER COMBAT PAY COUNTED AS INCOME? No, if the combat pay is received in addition to his/her basic pay because of his/her deployment and it wasn't received before s/he was deployed, combat pay is not counted as income. Contact your school for more information.

If you have other questions or need help, call 270-236-3923 EXT 3000.

Sincerely,

Leigha Ellingburg-Fram Coordinator
Fulton County Schools

INSTRUCTIONS FOR APPLYING

Part 1: All Household Members (**a household member is any child or adult living with you**): **All applicants should complete this part.** List the name of each household member, the name of the school each child attends, and the child's grade. If the child is a foster child, check the box for foster child. If a household member has no income, check the box for no income. All household members, including foster children, should be included here. If you need additional space, attach a separate piece of paper.

If your child is **homeless, a migrant or a runaway**, follow these instructions.

Part 2: Check the appropriate category and call **Leigha Ellingburg at 270-236-3923 ext 3000.**

Part 3: Skip this part.

Part 4: Sign the form.

If you have **foster child(ren)** only, follow these instructions. You do **not** need to fill out a separate form for each foster child in your household. (If there are both foster children and non-foster children in your household, follow the instructions below for All Other Households).

If **all** children in the household are marked as foster children in Part 1:

Part 2: Skip this part.

Part 3: Skip this part.

Part 4: Sign the form.

ALL OTHER HOUSEHOLDS, including WIC households, households with non-foster children and households with both foster children and non-foster children, follow these instructions:

Part 2: Skip this part.

Part 3: Follow these instructions to report total household income from **this month or last month.**

- **Section 1—Name:** List all household members who have income.
- **Section 2 —Gross Income and How Often It Was Received:** List the income for each household member. Check the box to tell us how often the person receives the income—weekly, every other week, twice a month, or monthly.
 - **Earnings from work:** List the **gross income**, not the take-home pay. Gross income is the amount earned *before* taxes and other deductions. You should be able to find it on your pay stub or your boss can tell you. Net income should *only* be reported for self-owned business, farm, or rental income.
 - **Welfare, Child Support, Alimony:** List the amount each person receives, and check the box to tell us how often.
 - **Pensions, Retirement, Social Security, Supplemental Security Income (SSI), Veteran's benefits (VA benefits), and disability benefits.** List the amount each person receives, and check the box to tell us how often they receive it.
 - **All Other Income:** List Worker's Compensation, unemployment or strike benefits, regular contributions from people who do not live in your household, and any other income received weekly, every other week, twice a month, or monthly. **Do not include income from KTAP, SNAP, WIC, federal education benefits and foster payments received by your family from the placing agency.**
 - If you are in the Military Privatized Housing Initiative or get combat pay, do not include these allowances as income.

Part 4: An adult household member must sign the form. Please include your address and phone number in the event the FRAM Coordinator has a question about your information.

HOUSEHOLD AND INCOME FORM

Fulton County Schools are participating in the Community Eligibility Provision (CEP) under the National School Lunch Program. Under CEP, all children in the school will receive a breakfast/lunch at no charge regardless of income or completion of this form. However, to determine your child(ren)'s eligibility for various additional state and federal program benefits, please complete, sign and return a **single application per household** to Fulton County Schools.

PART 1. ALL HOUSEHOLD MEMBERS

Names of <u>all</u> people living in your household (First, Middle Initial, Last)	School the child attends, or indicate "NA" if household member is not in school	Grade Level	Check if a foster child (legal responsibility of the state welfare agency or court). If <u>all</u> children listed below are foster children, skip to Part 5 to sign this form.
			☐
			☐
			☐
			☐
			☐
			☐
			☐

PART 2. HOMELESS, MIGRANT, RUNAWAY STATUS

If any child you are applying for is homeless, migrant, or a runaway, check the appropriate box and call Leigha Ellingburg at 270-236-3923, ext. 3000.

HOMELESS ☐ MIGRANT ☐ RUNAWAY ☐

PART 3. TOTAL HOUSEHOLD GROSS INCOME (before deductions). List all income on the same line as the person who receives it. Check the box for how often it is received. Record each income only once. If you provided a case number in Part 2, you do not need to provide income information. If you enter '0' or leave any fields blank, you are certifying (promising) that there is no income to report.

☐ **DECLINE TO PROVIDE INCOME** – Check this box if you don't wish to provide your income information; your SES status will automatically be "Paid".

1. NAME (List only household members with income, including any students in the home who have income)	2. GROSS INCOME AND HOW OFTEN IT WAS RECEIVED														
	Earnings from work before deductions	Weekly	Every 2 Weeks	Twice Monthly	Monthly	Public assistance, child support, alimony	Weekly	Every 2 Weeks	Twice Monthly	Monthly	Pensions, retirement, Social Security, SSI, VA benefits, All Other Income	Weekly	Every 2 Weeks	Twice Monthly	Monthly
<i>(Example) Jane Smith</i>	\$200	☒	☐	☐	☐	\$150	☐	☒	☐	☐	\$0	☐	☐	☐	☐
	\$	☐	☐	☐	☐	\$	☐	☐	☐	☐	\$	☐	☐	☐	☐
	\$	☐	☐	☐	☐	\$	☐	☐	☐	☐	\$	☐	☐	☐	☐
	\$	☐	☐	☐	☐	\$	☐	☐	☐	☐	\$	☐	☐	☐	☐
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	\$	☐	☐	☐	☐	\$	☐	☐	☐	☐	\$	☐	☐	☐	☐

PART 4. SIGNATURE (ADULT HOUSEHOLD MEMBER MUST SIGN)

I certify (promise) that all information on this form is true and that all income is reported. I understand that the school will get state and federal funds based on the information I give. I understand that school officials may verify (check) the information. I understand that if I purposely give false information, my child(ren) may lose benefits.

Sign here: _____ Print name: _____ Date: _____
 Address: _____ City: _____ State: _____ Zip Code: _____
 Phone Number: _____ Cell Phone Number: _____

Non Discrimination Statement: In accordance with Federal Law and U.S. Department of Education policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, gender identity, age, or disability. To file a complaint of discrimination, write U.S. Department of Education, Office for Civil Rights, The Wanamaker Building, 100 Penn Square East, Suite 515, Philadelphia, PA 19107-3323 or call (215) 656-8541 (Voice). Individuals who are hearing impaired or have speech disabilities may contact U.S. DOE through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish). The U.S. Department of Education is an equal opportunity provider and employer.

Privacy Notice

The Kentucky Department of Education is requiring schools to collect the information on this form. You do not have to give this information, but if you do not, we cannot determine your child's eligibility for additional benefits under state and federal programs. We will hold the information you provide us as private and confidential to the extent required by law. However, we will share your socioeconomic status with various state and federal programs to help them evaluate, fund, or determine benefits for their programs, with auditors for program reviews, and with law enforcement officials to help them look into violations of program rules. Regardless, all students enrolled in a Community Eligibility Provision school will receive meals at no charge.

HOUSEHOLD CHECKLIST

- ☐ Have you included all your children as household members?
- ☐ For each household member receiving income, is the frequency checkbox checked?
- ☐ Have you signed the form?

DO NOT FILL OUT THIS PART. THIS IS FOR SCHOOL USE ONLY.

Annual Income Conversion: Weekly x 52; Every 2 Weeks x 26; Twice A Month x 24; Monthly x 12

Total Income: _____ Per: ☐ Week ☐ Every 2 Weeks ☐ Twice A Month ☐ Month ☐ Year Household size: _____

Categorical Eligibility: _____ SES Code: Free _____ Reduced _____ Paid _____

FRAM Coordinator: _____ Date: _____