Farmington Municipal Schools
McKinney-Vento Eligibility Form

New Mexico Student Residency Questionnaire Form

Your child may be eligible for additional educational services through Title 1, Part A, Title 1 Part C – Migrant, and/or Title X, Part C, Federal McKinney-Vento Assistance Act. Eligibility can be determined by completing this questionnaire.

This form is to be completed by the Parent/Legal Guardian or Unaccompanied Youth

SECTION A:

1. Where are you and your family currently staying? Check one box:

☐ Rent/Own my own home.

STOP: If you checked the above box, Go to Section C – CERTIFICATION to sign and submit this form. Standard admission procedures must be followed.

☐ Do Not Rent/Own my own home. If checked, continue to Section B.

SECTION B: If you checked Do Not Rent/Own my own home, please check a box in this section & complete this form in its entirety.

☐ Living with another family due to loss of housing, economic hardship or a similar reason.
☐ Living in motels, hotels, RV parks, or camping grounds due to lack of alternative adequate accommodations.
☐ Living in emergency or transitional shelters.
☐ Living in a public or private place not ordinarily used as a regular sleeping accommodation for human beings.
Such as living in a car, parks, public spaces, abandoned buildings, substandard housing, bus or train stations, or similar settings.
☐ Unaccompanied youth living in one of the above circumstances.
☐ Other: _____

2. Have you moved in the past 3 years to seek work as a paid laborer in any type of farming (sod, dairy, chicken, vegetable, citrus, or other) or fishing? (Check one) ☐ Yes ☐ No

3. If you check a box in Section B, you child may be eligible for additional educational services through Title 1, Part A, Title 1 Part C – Migrant, or Title X, Part C – Federal McKinney-Vento Assistance Act. Please PRINT the name of all of your children below. Include Children that are not in school

Student Name (Last, First):	Student ID#:	M/F	DOB:	Grade:	School Name:

4. Would you like to be contacted by the Education for Homeless Children/Youth program staff for your child's school? ☐ Yes ☐ No

SECTION C – CERTIFICATION:

The undersigned certifies that the information provided above is accurate.

_____ _____ _____
Print Name of Parent/Guardian/Adult Caring for Student Signature Date

Phone: _____ Address: _____
Street Address City State Zip

THE FOLLOWING SECTION IS FOR SCHOOL USE ONLY

NOTE: All homeless and migrant students are automatically and immediately eligible for FREE or REDUCED price meals the day they enroll.

☐ Referral Form to Homeless Liaison Completed/Submitted Sign Name: _____ Date: _____

☐ Referral Form to Food Director Completed/Submitted Sign Name: _____ Date: _____

☐ Referral Form to Homeless Liaison Completed/Submitted Sign Name: _____ Date: _____

COMMENTS: Use back of this form if more space is needed.