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McKinney-Vento Homeless Children and Youth Program

This form is for reimbursing funds already spent on homeless youth at your district

- Prior to filing your request please contact our office to verify your reimbursement amount
- ROE 35 Homeless Contact: Nate Pinter - npinter@roe35.org
- Please attach copies of all receipts

District Information

District Name: _____ District Liaison: _____

Date: _____ Phone: _____ Email: _____

Fax: _____ RCDT Code: _____

Homeless Services

- | | | | |
|--|--|---|--|
| ☐ Services and Assistance | ☐ Expedited Evaluations | ☐ School/Agency Coordin. | ☐ Professional Development |
| ☐ Referral Services | ☐ Excess Transportation | ☐ Counseling | ☐ Early Childhood/Preschool Programs |
| ☐ Enrollment Records | ☐ Parent Education | ☐ Space Adaptation | ☐ Academic/Mentoring Programs |
| ☐ School Supplies | ☐ Tutoring | ☐ Domestic Violence | ☐ Before/After School & Summer Programs |

Reimbursement Information

Amount of Requested Funds: _____

Describe the use of funds:

Terms and Conditions

I certify that the liaison identified above is authorized to act on behalf of the education agency with regard to the proposed program(s). I also certify that the program funds will be used in accordance with the McKinney-Vento Homeless Children and Youth Program.

Date: _____ Signature of Authorized Official: _____