Families in Transition Application 2026-27

1415 North 26th Street
St. Joseph, MO 64506
Phone: 816-671-4000

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):

____ Domestic Violence

____ Divorce/Separation

____ Unlivable/Unsafe Housing Conditions (Specify) _____

____ House Fire

____ Incarceration of One or Both Parents

____ Job Loss/Low Wage Job

____ Eviction

____ Illness/Hospitalization

____ Death in the Family

____ Other (Specify) _____

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

____ In a shelter (SF/SY)

____ In a motel/hotel (HF/HY)

____ Doubled up with family or friends (DF/DY)

_____ 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 SJSD**

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*
SamanthaDavis@sjsd.k12.mo.us

Thank you!