School Year: 2026-2027

The purpose of this form is to identify and support McKinney-Vento/Project Hope eligible students. Please answer the following questions to determine if you qualify for McKinney-Vento/Project Hope services. The questions will help identify services that could be provided to you and your family. ***It is important to note that the McKinney-Vento Residency form must be completed annually, and that eligibility does not carry over from one school year to the next.***

Is your current living arrangement due to loss of housing, eviction, economic hardship, domestic violence, or unsafe living conditions? Yes No (Please explain on page 2.)

Parent/Guardian's Name(s) _____

Physical Address _____

Mailing Address _____

Home Phone _____ Work Phone _____ Cell Phone _____

Email Address _____

Student Name	Grade	School

Other children in household (preschool, younger, or college)	**Age**	**Preschool, Head Start, Child Care, College, etc.**

Unaccompanied Homeless Youth
(Student is not living with a parent or legal guardian or living alone due to family homelessness, runaway, and not for the purpose of school selection.)

Student Name	Grade	School

The Orange County School Board does not discriminate on the basis of race, color, creed, religion, national origin, ancestry, political affiliation, sex, sexual orientation, gender, gender identity, age, pregnancy, childbirth or related medication conditions, marital status, status as a veteran, genetic information, disability, or any other characteristics protected by law in its employment practices or educational program and activities. Compliance inquiries should be directed to the Executive Director of Human Resources, 200 Dailey Drive, Orange, VA 22960 or by phone at 540-661-4550.

Please provide a description as to why you are currently in a housing transition: _____

_____

_____

_____

Please check the box below that currently describes your family's current living arrangement due to lacking a fixed, regular, and adequate nighttime residence.

☐	1-Unsheltered	Children and youth living in abandoned buildings, campgrounds and vehicles, space not meant for habitation. An inadequate dwelling may shelter but it is not adequate housing.
☐	2-Shelter	Children and youth living in shelters and transitional housing programs. Agency Name _____
☐	3-Double-Up	Children and youth (including runaway youth or unaccompanied youth) who live with relatives or friends due to loss of housing, eviction, economic hardship, domestic violence, or unsafe living conditions. Host Name _____
☐	4-Hotel/Motel	Children and youth living in hotels/motels due to a lack of alternative adequate accommodations. Hotel/Motel Name _____

Fixed

Is this a temporary living arrangement? Yes No

Are you looking for another place to live? Yes No

If yes, where?_____

Could you be asked to leave the temporary living arrangement at any time? Yes No

Where would you go if you could not stay where you are? _____

Where were you living before the temporary living arrangement? _____

Regular

Do you stay in the same place every night? Yes No

How long have you stayed in your current living arrangement? _____

How long do you plan to stay? _____

Adequate

Is there adequate heat, electricity, and water? Yes No

Are the conditions of your current living arrangement:

Clean? Yes No

Safe? Yes No

In good repair? Yes No

Crowded? Yes No

How many people are in the living arrangement? _____

Where do you and your children sleep? _____

- ☐ I need assistance with transportation to and from school.
- ☐ I need assistance with school supplies.
- ☐ I would like to be contacted by the School Social Worker to provide information about available resources and additional information.
- ☐ I would like to be contacted by the Orange County Head Start program, children birth to five.

Any person making a false statement regarding residency in a school division shall be guilty of a Class 4 misdemeanor and shall be liable to the school division in which the child was enrolled as a result of such false statements for tuition charges, pursuant to the Code of Virginia § 22.1-5, for the time the student was enrolled in such school division.

I have received a copy of the Orange County School Board's Policy "JECA: Admission of Homeless Children" and Project Hope Virginia brochure "What Families Need to Know."

I certify that according to the information provided above; the student(s) listed meets the definition of "Homeless" as stated in McKinney-Vento Act (Subtitle B, Sect. 725) of July 1, 2002.

_____ _____

Parent/Guardian Signatures(s) Date

_____ _____

School Official Signature Date

For Office Use Only

- ☐ This student is eligible for the McKinney-Vento Act/Project Hope program.
- ☐ This student is NOT eligible for the McKinney-Vento/Project Hope program.

_____ _____

Homeless Education Liaison Date

McKinney-Vento Enrollment Check List

PowerSchool (Initial Primary Nighttime Residence Code)	☐
Database	☐
School/Registrar Notified	☐
Food Services Notified	☐
Head Start Notified	☐ N/A
Transportation Notified	☐ N/A
Best Interest Determination Meeting	☐ N/A
End-of-Year Follow-Up	☐

Notes