

MCKINNEY-VENTO QUESTIONNAIRE

THIS FORM WILL BE REQUESTED FROM FAMILIES
based on questions answered during online registration indicating that it may be required.

This form is intended to address the requirements of the McKinney-Vento Act (per Title IX, Part A of the Elementary and Secondary Education Act, as amended by the Every Student Succeeds Act). The questions below will assist in determining if the student meets the eligibility criteria for services provided under the McKinney-Vento Act.

HOUSING INFORMATION *If you respond YES to the following question, please complete the remainder of the form.*

 DOES THE STUDENT LIVE IN A TEMPORARY HOUSING SITUATION OR DO THEY LACK A FIXED, REGULAR OR ADEQUATE NIGHTTIME RESIDENCE? YES NO

WHERE DOES THE STUDENT STAY AT NIGHT? *Check one box.*
 IN AN EMERGENCY OR TRANSITIONAL SHELTER

 IN A MOTEL, HOTEL, TRAILER PARK OR CAMPGROUND DUE TO THE LACK OF AN ALTERNATIVE ADEQUATE ACCOMMODATION

 IN A VEHICLE, PARK, PUBLIC SPACE, ABANDONED BUILDING, SUBSTANDARD HOUSING, BUS OR TRAIN STATION, OR SIMILAR SETTING

 DOUBLED UP WITH OTHER PEOPLE DUE TO THE LOSS OF HOUSING OR ECONOMIC HARDSHIP

STUDENT INFORMATION *List all children ages 0-21.*

LEGAL NAME » LAST:	FIRST:	MIDDLE:
DATE OF BIRTH (mm/dd/yyyy):	GENDER: <input type="checkbox"/> Female <input type="checkbox"/> Male	SCHOOL ATTENDING:
LEGAL NAME » LAST:	FIRST:	MIDDLE:
DATE OF BIRTH (mm/dd/yyyy):	GENDER: <input type="checkbox"/> Female <input type="checkbox"/> Male	SCHOOL ATTENDING:
LEGAL NAME » LAST:	FIRST:	MIDDLE:
DATE OF BIRTH (mm/dd/yyyy):	GENDER: <input type="checkbox"/> Female <input type="checkbox"/> Male	SCHOOL ATTENDING:
LEGAL NAME » LAST:	FIRST:	MIDDLE:
DATE OF BIRTH (mm/dd/yyyy):	GENDER: <input type="checkbox"/> Female <input type="checkbox"/> Male	SCHOOL ATTENDING:
LEGAL NAME » LAST:	FIRST:	MIDDLE:
DATE OF BIRTH (mm/dd/yyyy):	GENDER: <input type="checkbox"/> Female <input type="checkbox"/> Male	SCHOOL ATTENDING:

PARENT / GUARDIAN INFORMATION

 NAME(S): _____
 ADDRESS: _____ CITY: _____ ZIP: _____
 HOME PHONE (or the number of a contact person that can reach you): _____

PLEASE SIGN BELOW

I am verifying that the above student(s) listed have not had a fixed, regular, or adequate nighttime residence.

 _____ OR _____
 PARENT / GUARDIAN SIGNATURE DATE STAFF NAME (on behalf of parent/guardian)

SCHOOL USE ONLY

DATE RECEIVED:	<input type="checkbox"/> Qualified <input type="checkbox"/> NOT Qualified	REPORTING BUILDING:
BUILDING MCKINNEY-VENTO LIAISON SIGNATURE: _____		