

McKinney-Vento Eligibility Questionnaire

Name of School: _____

Name of Student: _____ Male
Last First Middle Female

Birth Date / / Age Social Security # _____
Month/Day/Year (or Student Indent/location number)

This Questionnaire is intended to address the McKinney-Vento Act 42 U.S.C. 11435. The answers to this residency information help determine the services the student may be eligible to receive.

1. Is your current address a temporary living arrangement? _____ Yes _____ No
2. Is this temporary living arrangement due to loss of housing or economic hardship?
_____ Yes _____ No

**If you answered YES to the above questions, please complete the remainder of this form.
If you answered NO, you may stop here.**

Where is the student presently living? (*Check one Box.*)

- In a motel
- In a shelter
- With more than one family in a house or apartment
- Moving from place to place
- In a place not designed for ordinary sleeping accommodations (ex. Car, park, campsite)
- Unaccompanied youth not living with a parent or legal guardian

Name of Parent(s)/Legal Guardian(s) _____

Address _____ Zip _____ Phone _____

Signature of Parent/Legal Guardian _____ Date _____

Please send a copy to _____ at the District/Charter holder office.
Liaison Name Fax (XXX) xxx-xxxx

I certify the above named student qualifies for the Child Nutrition Program under the provisions of the McKinney-Vento Act.

Date

McKinney-Vento Liaison Signature