



McKinney-Vento Eligibility Screening Form

The law defines homelessness as **lacking a fixed, regular and adequate nighttime residence**. Eligible students may be sharing the housing of others due to loss of housing, economic hardship, or similar reason; living in motels, hotels, trailer parks or campgrounds due to a lack of adequate alternative accommodations; living in emergency or transitional shelters; living in a public or private place not designed for humans to live; living in cars, parks, abandoned buildings, substandard housing, bus or train stations, or identified as an unaccompanied youth. **Based on this definition, do you believe you are homeless?** ____ Yes (Complete ALL information below.) ____ No (Do not complete form.)
Have you filed under McKinney-Vento before? ____ If yes, when **and** at what school? _____

Complete a separate form for each school-aged child.

The information you provide is confidential, to be used for statistical purposes only and will help determine if your child qualifies for additional services (such as transportation, food service, etc.) Your child will not be discriminated against based upon the information provided.

Student <u>Full</u> Name (Please Print Legibly)	Date of Birth (DOB) MM/DD/YY	Gender M/F	HCPS School Attending	Grade Level

HOUSING INFORMATION: (These questions must be fully answered before eligibility for MV services can be determined.)

What is your **Current Address**? _____
Street City Zip Code

How long have you been at this address (date moved here)? _____

Which best describes the situation at your current address? (check all that apply):

- _____ temporarily sharing the housing of other persons due to loss of housing or economic hardship (i.e. eviction, foreclosure, etc.)
- _____ temporarily living in motels, hotels **HOTEL NAME/ADDRESS** _____
- _____ temporarily living in trailer parks, campgrounds, cars, parks, public places, abandoned buildings
- _____ living in emergency or transitional shelters **NAME OF SHELTER** _____
- _____ *unaccompanied youth (not living with parent or legal guardian) ***Has custody been initiated through courts?** _____
- _____ Other (please explain) _____

What was your **Previous Address**? _____
Street City Zip Code

Was the previous address in your name? (Or were you listed on the mortgage or lease?) ____ Yes ____ No

When did you move from the previous address? _____

Why did you have to move? _____

What is keeping you from having independent housing now? _____

FAMILY CONTACT INFORMATION:

List names and dates of birth for all of the children in family (include non-school-age children):

(1) _____ (2) _____ (3) _____
Name DOB Name DOB Name DOB

Your Name: _____ Your Phone Number: _____

By my signature, I acknowledge that I have been advised of my rights and my child's rights under the McKinney-Vento Homeless Assistance Act. I also attest that the information I have provided about my address and residency status is true and accurate.

 Parent/Legal Guardian Signature

 Date

Student Number _____

_____ **Transportation assistance requested** _____ a.m. ____ p.m. _____ a.m. & p.m.

_____ **Registrar** has distributed HCPS "Services for Homeless Children & Youth" brochure to parent/legal guardian.

_____ **Counselor** has advised parent/guardian of student's academic needs/achievement on academic assessments aligned with state academic achievement standards.

Counselor Signature

Date

Registrar Signature

Date

For Homeless Education Liaison use ONLY

- Entered in Database
- Pupil Transportation Notified
- School Nutrition Service Notified

**REGISTRAR - DO NOT FILE THIS FORM IN STUDENT RECORD;
 FAX TO LIAISON, 652-3685 or e-mail to mvteam@henrico.k12.va.us MVEF 01 7/19**