

McKinney-Vento Eligibility Questionnaire

Name of School _____

Name of Student: _____ Male
Last **SAMPLE ONLY** *First* *Middle* Female

Birth Date / / Age: Social Security #:
Month / Day / Year *(or student identification 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)

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

Address _____ Zip _____ Phone _____

Signature of Parent/Legal Guardian _____ Date _____

Please send a copy to _____ at the Central 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