Elwood Community School Corporation McKinney - Vento Residence Form

Student Name _____________________________ Date of Birth _____/_____/______ Grade ________

The McKinney-Vento Homeless Assistance Act (Title X, Part C, of the No Child Left Behind Act) defines “homeless” as “individuals who lack a fixed, regular, and adequate nighttime residence.” This includes children who “are temporarily sharing the housing of other persons due to loss of housing or economic hardship.”

☐ Does not apply; student is not homeless

Please check one of the following statements if your family is experiencing temporary homelessness:

☐ Living in a shelter, including transitional housing shelters.
   Please provide name of shelter and address:
   Name: _______________________________________________________________
   Street: __________________________________________________________________________
   City, State, Zip Code: ____________________________________________________________

☐ Living on the streets, abandoned buildings, in cars, trailers, campgrounds, public places, housing not fit for habitation.
   Please provide information regarding area in which student is living:
   __________________________________________________________________________
   __________________________________________________________________________
   __________________________________________________________________________

☐ Living in hotels/motels for lack of other suitable housing.
   Please list name and address of hotel/motel:
   Name: _______________________________________________________________
   Street: __________________________________________________________________________
   City, State, Zip Code: ____________________________________________________________

☐ Doubled-up; Temporarily living with family or friends due to lack of adequate housing or financial conditions.
   Please provide address of where student is living:
   Street: __________________________________________________________________________
   City, State, Zip Code: ____________________________________________________________
Please answer the following if you checked one of the four boxes above:

How long do you expect to be at this address?

________________________________________

Date student moved to this address: _____/_____/_____

Is a parent living in the home with the student? ☐ Yes ☐ No

If no, with whom is student living? __________________________

Relationship: __________________________

Are you seeking permanent housing? ☐ Yes ☐ No

A McKinney-Vento Liaison representing the district may be in contact with for clarification or bus transportation. We have read the information provided & indicated our living circumstances above specific to the McKinney-Vento Act:

___________________________________________

Parent/Guardian/Unaccompanied Youth Signature 

Date

For Office Use Only

Under the McKinney-Vento Act, this student:

☐ Does QUALIFY

☐ Does NOT QUALIFY

___________________________________________

McKinney-Vento Liaison/Appointee Signature 

Date