



McKinney-Vento Eligibility Questionnaire

This questionnaire is intended to address the McKinney-Vento Act, Title X, Part C of No Child Left Behind. The McKinney-Vento Act specifically states that enrollment barriers be removed in order to provide educational stability. If you have any questions, please contact the Federal Programs Department at 545-2158. Please complete and return to the school.

PLEASE PRINT

School: _____

Name of Student (First, Middle and Last Name): _____

Address (include zip code): _____

Male Female Date of Birth: _____ Student Matric#: _____

Responses to the following questions are voluntary and will be kept confidential. The information you provide will help the school district determine if the student qualifies under the McKinney-Vento Act. Students who are protected under the McKinney-Vento Act are entitled to immediate enrollment in school even if they do not have the documents normally needed such as proof of residency, school records, immunization records or birth certificate. Students who are protected under the McKinney-Vento Act may also be entitled to school transportation, free lunch and other services.

SECTION A

		Please circle one:	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Is your current living situation due to loss of housing?	foreclosure, eviction, natural disaster, flood, fire, kicked out by parents	Other: _____
<input type="checkbox"/> Yes <input type="checkbox"/> No	Is your current living situation due to economic hardship?	loss of a job, change in job, cannot afford affordable housing	Other: _____
<input type="checkbox"/> Yes <input type="checkbox"/> No	Is your current living arrangement temporary?	waiting for own home/apartment	Other: _____
<input type="checkbox"/> Yes <input type="checkbox"/> No	Are you a student NOT living with your parent(s)/guardian?		

If you answered "YES" to any of these questions, please proceed to Section B and C. If you answered "NO" to all questions, you may stop here. Thank you.

SECTION B

Who does the student live with? (Please check one)

- Living with Parent(s)/Guardian(s)
- Living alone without an adult in the household
- Caregiver(s) (foster parent, agency staff)
- Living with an adult that is **not** a parent/guardian

SECTION C

Where are you/your student currently living? (Please check one)

- In a shelter (includes domestic violence shelters, homeless shelters, transitional shelter, group homes)
- In the home of a friend or relative (must be temporary, due to loss of housing):
How long have you been living with the friend or relative? # _____ weeks # _____ months # _____ years
- In a motel/hotel
- In a car, campground, public place (in a place not considered traditional "housing")
- In a place without adequate facilities (running water, heat, electricity)
- CPS Placement: Date of when the child was removed from their biological parent? _____ or adjudication date? _____

I declare under penalty of perjury under the laws of Arizona that the information I have provided on this form is true and correct.

Print Name: _____ Signature: _____ Date: _____

FOR OFFICE USE ONLY Qualifies for MV Services: ___ Yes ___ No / MV Liaison Signature: _____