McKinney-Vento Eligibility Screening Form

Date: _____

Student Name (Please print):	Date of Birth (MM/DD/YYYY):	School Name:	Grade Level:

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 above.) NO _____ (Do **not** complete form.)

Please answer the questions below concerning your residency. The information you provide is confidential and the purpose of this information is to ensure the rights of your child and youth under the McKinney-Vento Law (42 US code 11431 and Title X under ESEA/NCLB). This will help to determine if your child qualifies for additional services such as transportation, food service, etc.

What is your current address? _____
Street City Zip Code

Phone Number: _____ Work Number: _____ Cell Number: _____

Is this a temporary living arrangement? _____ Yes _____ No

Is your living arrangement due to loss of housing or economic hardship? _____ Yes _____ No

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
_____ temporarily living in motels, hotels - Hotel Name/Address: _____
_____temporarily living in a trailer park, campground, car, park, public place, abandoned building
_____living in emergency or transitional shelter - Name of Shelter: _____
_____ *unaccompanied youth (not living with parent or legal guardian) *Has custody been initiated through court? _____
_____ Other (Please explain.) _____

Last school attended:

School Name: _____ School District: _____

City: _____ State: _____

REGISTRAR – DO NOT FILE THIS FORM IN STUDENT RECORD. FAX TO STUDENT SERVICES: 410-632- 5004
If the student is NOT living in permanent housing, proof of residency and other documents normally needed for enrollment are not required and the student is to be enrolled immediately.