

## McKinney-Vento Identification Template

School District Name: Rangely

*Your child may be eligible for educational services through the McKinney-Vento Act.*

*Eligibility is based on the current primary nighttime residence and can be determined by completing this questionnaire.*

**1. Presently, are you and/or your family living in any of the following situations? Check one box.**

- ☐ Staying in shelter
- ☐ Sharing the housing of others due to loss of housing, economic hardship or natural disaster.
- ☐ Living in a car, park, campground, public space, abandoned building, substandard housing or similar.
- ☐ Temporarily living in a motel or hotel due to loss of housing, economic hardship or similar reason.

**2. Presently, is the student in the physical custody of a parent or guardian? Check one box.**

- ☐ Student is in the physical custody of a parent or guardian
- ☐ Student is not in the physical custody of a parent or guardian (unaccompanied youth)
- ☐ **Section 1 does not apply. STOP:** If you checked this box, you do not need to complete the remainder of this form. Submit this form to school personnel.

**4. Student Name**

| First | Middle | Last | M/F | D.O.B. | Grade | School Name |
|-------|--------|------|-----|--------|-------|-------------|
|       |        |      |     |        |       |             |
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The undersigned certifies that according to information provided above, the students listed meet the definition of "Homeless" as stated in the McKinney-Vento Act (Subtitle B, Sect. 725) of July 1, 2002.

Print Parent/Guardian Name

Signature

Date

(Area Code) Phone number

Street Address

City

State

Zip

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**School Use Only**

- ☐ Copy of this form was sent to the District's Homeless Education Liaison. (Insert name and contact information for the District Liaison)
- ☐ Upon approval by the District's Homeless Education Liaison, a copy of this form was sent to Food and Nutrition Services for immediate access to free school meals.

**School Advocate or Administrator:** Based on the above information and a brief interview with this family, I attest that to the best of my knowledge they are eligible for benefits under the McKinney-Vento Act:

Print Advocate or School Administrator Name (required)

Title

Signature (required)

Date

**District Homeless Education Liaison:**

Print District Liaison Name (required)

Signature (required)

Date