McKinney-Vento Eligibility Screening Form

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 below.) ☐ No (Do not complete form.)**
Have you filed under McKinney-Vento before? _____ If yes, when and at what school? _____ _____

Complete a separate form for each school-aged child.

The information you provide is confidential, to be used for statistical purposes only and will help determine if your child qualifies for additional services (such as transportation, food service, etc.) Your child will not be discriminated against based upon the information provided.

Student Full Name (Please **Print** Legibly)	Date of Birth (DOB) MM/DD/YY	Gender M/F	HCPS School Attending	Grade Level

HOUSING INFORMATION: *(These questions must be fully answered before eligibility for MV services can be determined.)*

What is your Current Address? _____
Street **City** **Zip Code**
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 (i.e. eviction, foreclosure, etc.)
☐ temporarily living in motels, hotels **HOTEL NAME/ADDRESS** _____
☐ temporarily living in trailer parks, campgrounds, cars, parks, public places, abandoned buildings
☐ living in emergency or transitional shelters **NAME OF SHELTER** _____
☐ *unaccompanied youth (not living with parent or legal guardian) ***Has custody been initiated through courts?** _____
☐ Other (please explain) _____

What was your Previous Address? _____
Street **City** **Zip Code**
Was the previous address in your name? (Or were you listed on the mortgage or lease?) ☐ Yes ☐ No
When did you move from the previous address? _____
Why did you have to move? _____
What is keeping you from having independent housing now? _____

FAMILY CONTACT INFORMATION:

List names and dates of birth for all of the children in family (include non-school-age children):

(1) _____ **(2)** _____ **(3)** _____
Name **DOB** **Name** **DOB** **Name** **DOB**

Your Name: _____ **Your Phone Number:** _____

By my signature, I acknowledge that I have been advised of my rights and my child's rights under the McKinney-Vento Homeless Assistance Act. I also attest that the information I have provided about my address and residency status is true and accurate.

_____ _____
Parent/Legal Guardian Signature **Date**

Student Number _____
☐ **Transportation assistance requested** _____a.m._____p.m. _____a.m. & p.m.
☐ **Registrar** has distributed HCPS "Services for Homeless Children & Youth" brochure to parent/legal guardian.
☐ **Counselor** has advised parent/guardian of student's academic needs/achievement on academic assessments aligned with state academic achievement standards.

_____ _____
Counselor Signature **Date**

_____ _____
Registrar Signature **Date**

For Homeless Education Liaison use ONLY
- ☐ Entered in Database
- ☐ Pupil Transportation Notified
- ☐ School Nutrition Service Notified

REGISTRAR - DO NOT FILE THIS FORM IN STUDENT RECORD;
FAX TO LIAISON, 652-3685 or e-mail to mvteam@henrico.k12.va.us MVEF O1 7/19

HCPS is required by State and Federal Law to collect statistics on the number of homeless students enrolled to ensure that an appropriate education is provided. Families must requalify for McKinney-Vento each school year.