

## McKinney-Vento Identification

School District Name: Shiawassee RESD

*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 in any of the following situations? Check one box.**

Staying in shelter

Sharing the housing of others due to loss of housing, economic hardship, similar reason; doubled-up.

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. Unaccompanied Youth: not 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

**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.**

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**Print Parent/Guardian Name** **Signature** **Date**

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**(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:

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**Print Advocate or School Administrator Name (required)** **Title** **Signature (required)** **Date**

**District Homeless Education Liaison:**

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**Print District Liaison Name (required)** **Signature (required)** **Date**