

**Application for Inadequately Housed or Homeless Status as defined by the McKinney-Vento Act**

The following worksheet is based upon the 2003 annual meeting of State Coordinators for the Education of Homeless Children and Youth. It is to be completed and signed by an adult guardian of a Montezuma-Cortez School District RE-1 student(s).

Please complete the worksheet to be considered inadequately housed/homeless in status. **One** of the following steps must apply:

**Step 1** Is the child or youth covered by the following definition?

*Sharing the housing of other persons due to loss of housing, economic hardship, or a similar reason  
Living in motels, hotels, trailer parks, or camping ground due to lack of alternative adequate accommodations  
Living in emergency or transitional shelters, abandoned in hospitals, or awaiting foster care placement*

\_\_\_ YES      \_\_\_ NO      **If no, go to Step 2. If yes, write an explanation, then complete and sign document:**

**Step 2** Is the child or youth covered by the following definition?

*Has a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings.*

\_\_\_ YES      \_\_\_ NO      **If no, go to Step 3. If yes, write an explanation, then complete and sign document:**

**Step 3** Is the child or youth covered by the following definition?

*Living in a car, park, public space, abandoned building, substandard housing, bus or train station, or similar setting.*

\_\_\_ YES      \_\_\_ NO      **If no, go to Step 4. If yes, write an explanation, then complete and sign document:**

**Step 4** Is the child or youth covered by the following definition?

*Does the child or youth lack a fixed, regular, and adequate nighttime residence?*

\_\_\_ YES \_\_\_ NO      **If no, the McKinney-Vento Act does not apply. If yes, write an explanation, then complete and sign document.**

**Step 5** Do you need more information about transportation to and from school?

\_\_\_ YES      \_\_\_ NO

I certify all information on this application is true as reported. I understand the school will receive Federal funds based upon information I provide and school officials may verify the information. I understand if I purposely provide false information, my children may lose benefits and I may be prosecuted.

Please list all students and school of attendance:

Student Name	School of Attendance	Student Name	School of Attendance
_____	_____	_____	_____
_____	_____	_____	_____

**Adult Signature:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_ **Date:** \_\_\_\_\_

School Personnel: Please forward the original form to the Office of Academic Services. A copy of an approved form will be returned to your school and to the Supervisor of Student Nutrition Services.

Student Support Services Action: \_\_\_\_\_ Approved \_\_\_\_\_ Not Approved

Executive Director of Student Support Services

Date: \_\_\_\_\_