



## McKinney – Vento Eligibility Form

### Petersburg City Public Schools

(Please complete all sections)

Name of Parent \_\_\_\_\_ Date \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Name of Student	School	Grade	DOB

#### **McKinney-Vento Homeless Assistance Act of 2001 –**

#### **Title X, Part C of the No Child Left Behind Act – Sec 725)**

An indication of nighttime residence of students who lacked, at any time during a school year, a fixed, regular, and adequate nighttime residence and had a primary nighttime residence that was: shared with others due to loss of housing, economic hardship, or similar reason (1 & 6); a temporary shelter such as a hotel or motel room or campground (2 & 7); a supervised, publicly or privately operated shelter designed to provide temporary living accommodations (including welfare hotels, congregate shelters, and transitional housing for the mentally ill) or an institution that provides a temporary residence for individuals intended to be institutionalized (4 & 8); or a public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings (5 & 9). (See section 725, Definitions, of the McKinney-Vento Homeless Assistance Act for a more detailed description of this data element.) If there were more than one such residence during the school year, please indicate the primary residence at the time they were identified as homeless. The term “unaccompanied homeless student” includes youth in homeless situations who are not in the physical custody of a parent or guardian.

#### **Place a checkmark on the criteria below that applies to this student(s).**

- ☐ 1 = Accompanied homeless student doubled up (e.g., with relatives, living with another family)
- ☐ 2 = Accompanied homeless student stayed in hotel/motel
- ☐ 4 = Accompanied homeless student stayed in shelters or transitional housing
- ☐ 5 = Accompanied homeless student was unsheltered (e.g. car, parks, campgrounds, temporary trailer, or abandoned buildings)
- ☐ 6 = Unaccompanied homeless student doubled up (e.g., with relatives, living with another family)
- ☐ 7 = Unaccompanied homeless student stayed in hotel/motel
- ☐ 8 = Unaccompanied homeless student stayed in shelters or transitional housing
- ☐ 9 = Unaccompanied homeless student was unsheltered (e.g. car, parks, campgrounds, temporary trailer, or abandoned buildings)

Current 911 Address: \_\_\_\_\_

Current Mailing Address: \_\_\_\_\_



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(Please complete all sections)

Give information where the parent may be contacted for educational and emergency situations.

**Check the services the student currently receives:**

- |                                                      |                                                                        |
|------------------------------------------------------|------------------------------------------------------------------------|
| <input type="checkbox"/> Special Education           | <input type="checkbox"/> 21 <sup>st</sup> Century After School Program |
| <input type="checkbox"/> Title I                     | <input type="checkbox"/> ESL                                           |
| <input type="checkbox"/> FAMIS                       | <input type="checkbox"/> Medicaid                                      |
| <input type="checkbox"/> Counseling                  |                                                                        |
| <input type="checkbox"/> Other Services (list) _____ |                                                                        |

**Transportation Needs:**

- ☐ Transportation needed to the school of origin. School name \_\_\_\_\_
- ☐ Transportation is not needed. Parent(s)/Guardian will provide transportation.

**What are other needs (e.g. clothing, educational supplies, medical, and dental, link to community resources like DSS or church programs) of the child/family?**

- \_\_\_\_\_
- ☐ Parents were provided information regarding educational, related opportunities and referrals while homeless.

**Signature of parent or student if unaccompanied** \_\_\_\_\_

**Name of person referring/Position** \_\_\_\_\_ **Date** \_\_\_\_\_

(Completed form should be sent to McKinney Vento liaison at the District Office.)

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

Notes: (Include any additional notes and documentation that may be helpful)

#### Homeless Education Liaison Use Only

- ☐ Transportation ☐ Nutritional Services ☐ Federal Programs ☐ Visiting Teacher/School Social Worker ☐ Flag SIS

Please forward to the Homeless Education Liaison Email: [mckinneyvento@petersburg.k12.va.us](mailto:mckinneyvento@petersburg.k12.va.us)