



# EDUCATION PROGRAM FOR HOMELESS STUDENTS

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.

## A SEPARATE FORM SHOULD BE COMPLETED FOR EACH CHILD ENROLLING.

The law defines homelessness as:

- Temporarily sharing the housing of other persons **due to loss of housing or economic hardship (eviction, foreclosure, etc.)**
- Temporarily living in motels, hotels, trailer parks, campgrounds, cars, parks, public places, abandoned buildings
- Living in emergency or transitional shelters
- Unaccompanied youth (not in the custody of parent or legal guardian due to incarceration, abandonment, or death of parents)

**Based on this definition, do you believe you are homeless?**

**Yes; if so, please complete ALL student information below and turn into school office.**

**Have you filed as homeless before? \_\_\_\_\_ If so, when and where? \_\_\_\_\_**

**No; do not complete or submit this form.** Month/Year School Attended at the Time of Homelessness

*The information you provide is confidential and will be used for statistical purposes only. Your child will not be discriminated against based upon the information provided and may qualify for additional services (such as transportation, food service, etc.).*

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

Names/DOB of all children in family (include non-school-age children): (please fill out separate form for each *school-age child*)

(1) \_\_\_\_\_ (2) \_\_\_\_\_ (3) \_\_\_\_\_  
Name DOB Name DOB Name DOB

Current Address: \_\_\_\_\_  
Street City Zip Code PHONE #

How long have you been at this address (date moved here)? \_\_\_\_\_

Student is ... (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) \_\_\_\_\_

**By my signature below 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.**

1. **When** did you last have housing in your own name? \_\_\_\_\_ (please include month/year moved)

\*What was your Previous Address? \_\_\_\_\_  
Street City Zip Code

2. **Why** did you have to move from there? \_\_\_\_\_

3. **What** is keeping you from having independent housing now? \_\_\_\_\_

(These questions must be fully answered to be eligible for MV services.) \_\_\_\_\_

For school and central office use only: Parent/Legal Guardian Signature DATE

Student Number \_\_\_\_\_

**Services requested/provided: (check those that apply)**

\_\_\_\_\_ **Transportation assistance requested** (only necessary if family lives out of school zone; otherwise, school contacts Pupil Transportation to arrange transportation) **Qualifies for special transportation through IEP?** Yes \_\_\_\_\_ No \_\_\_\_\_

Address: \_\_\_\_\_ Phone # \_\_\_\_\_ 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 Computer
- Pupil Transportation Notified
- School Nutrition Service Notified

**REGISTRAR - DO NOT FILE THIS FORM IN STUDENT RECORD;  
FAX TO LIAISON, 652-3408, UPON RECEIPT. MVEF 01 3/15**