

Homeless (McKinney-Vento) Identification Form Kingsland Public Schools, ISD No 2137

*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.						
<input type="checkbox"/> Staying in shelter						
<input type="checkbox"/> Sharing the housing of others due to loss of housing, economic hardship, similar reason; doubled-up.						
<input type="checkbox"/> Living in a car, park, campground, public space, abandoned building, substandard housing or similar.						
<input type="checkbox"/> 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.						
<input type="checkbox"/> Student is in the physical custody of a parent or guardian						
<input type="checkbox"/> Student is not in the physical custody of a parent or guardian (unaccompanied youth)						

<input type="checkbox"/> 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.

Print Parent/Guardian Name	Signature	Date
(Area Code) Phone number	Street Address	City
		State
		Zip

School Use Only

- Copy of this form was sent to the District's Homeless Education Liaison, James N. Hecimovich, 507-346-7276, hecimovich.james@kingsland2137.org.
- 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:

Print Advocate or School Administrator Name <u>(required)</u>	Title	Signature <u>(required)</u>	Date
---	-------	------------------------------------	------

District Homeless Education Liaison:

Hecimovich, James N.

Print District Liaison Name <u>(required)</u>	Signature <u>(required)</u>	Date
---	------------------------------------	------