

Student Name: _____ DOB: _____ Counselor for SY 2020-21: _____

Date: _____ Unaccompanied Youth (without parent or legal guardian): ___ Yes ___ No

McKinney-Vento Support Eligibility Form

Are you living in any of the following situations?

___ sharing housing with relatives or others **INVOLUNTARILY (loss of housing; economic hardship; safety concerns)**

If you are doubled up with others, do you foresee this situation to be:
_____ Temporary _____ For the Entire School Year

Do you have your own room and bed? _____

___ in a shelter or transitional living program

___ in a motel, hotel, park or campground due to lack of adequate housing

___ in a vehicle

___ in sub-standard housing, such as an abandoned building or situation that is not fixed, regular, or adequate for nighttime residence

___ a teen (up to age 21) living independently (unaccompanied youth as noted above)

___ parents are migrant workers

Please provide:

Your last address before your housing situation changed:

Physical address where you are living now:

Send this form to Mary Booth, District Homeless Liaison, for approval.

I verify the above information is true and accurate

Signature

Relationship to Student

Contact Number