

West Valley School District McKinney-Vento Questionnaire

Student Name _____ DOB _____ School _____

Federal law requires all families to complete this form annually. Your child may be eligible for additional educational services through Title X, Part C, Federal McKinney-Vento Assistance Act. Eligibility can be determined by completing this questionnaire.

Because the circumstances of homelessness vary, if you check any of the boxes below in Section B, you may receive a phone call from district staff in order to gather additional information necessary to make an appropriate determination of qualification under the McKinney-Vento Act.

Where are you and your family currently staying?

<p>Section A</p> <p><input type="checkbox"/> Rent/own my own home or apartment.</p> <p><u>STOP:</u> <i>If you rent/own, skip Section B, complete Section C, and return form to school personnel.</i></p>
<p>Section B</p> <p><input type="checkbox"/> Temporarily with another family because we cannot afford or find affordable housing</p> <p><input type="checkbox"/> With an adult that is not a parent or legal guardian, or alone without an adult Please explain _____</p> <p><input type="checkbox"/> In a hotel/motel</p> <p><input type="checkbox"/> In a vehicle, RV park or campground without running water/electricity, abandoned building or substandard housing</p> <p><input type="checkbox"/> In an emergency/transitional shelter</p> <p><input type="checkbox"/> Awaiting "30 Day Shelter Care Hearing" for Foster Care Placement</p> <p><input type="checkbox"/> Other _____</p> <p><u>CONTINUE:</u> Complete Section C and return form to school personnel.</p>
<p>Section C</p> <p>Print name of parent/guardian or adult caring for student _____</p> <p>Current address _____ <div style="display: flex; justify-content: space-between; font-size: small; margin-top: 5px;"> Street address City State Zip </div> </p> <p>Phone number _____</p> <p>I declare under penalty of perjury under the laws of the State of Washington that the information provided here is true and correct. Any false information could lead to a removal of services and change of school placement.</p> <p>Parent/guardian signature _____ Date _____</p>
<p>DISTRICT USE ONLY</p> <p>I hereby certify that the above named student qualifies under the McKinney-Vento Act.</p> <p>Signature _____ Title _____ Date _____</p> <p>Send completed form to District McKinney-Vento Liaison Rev: 8/6/2013</p>