



## Notification of Inadequate or Temporary Transitional Housing as defined by the McKinney-Vento Act

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.

Presently, are you and/or your family in any of the following situations? Check one box.

- Staying in shelter
- Temporarily living in a motel or hotel due to loss of housing, economic hardship or similar reason.
- Sharing the housing of others due to loss of housing, economic hardship, similar reason; doubled-up.
- Living in a car, park, campground, public space, abandoned building, substandard housing or similar.

Please briefly explain living situation: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please answer the following if you checked one of the four boxes above:

How long do you expect to be at this address? \_\_\_\_\_  
Are you seeking permanent housing? \_\_\_\_\_  
Is the parent/guardian living in the home with the student? \_\_\_\_\_  
If no, with whom is student living? Relationship: \_\_\_\_\_  
Do you need additional assistance/resources? \_\_\_\_\_

Please list all children in the home:

Child's Name	Grade	School of Attendance	Child's Name	Grade	School of Attendance
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

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. Upon approval by the District's Homeless Education Liaison, a copy of this form will be sent to Student Nutrition Services for immediate access to free school meals. Please complete the "Sharing of Information" Form on back to enroll with other programs your children may qualify.

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

School Personnel: Please forward the original form to Student Support Services. A copy of an approved form will be returned to your school and to the Supervisor of Student Nutrition Services.

Student Services Action: \_\_\_\_\_ Approved \_\_\_\_\_ Not Approved

Chief Student Services Officer \_\_\_\_\_ Date \_\_\_\_\_

## SHARING INFORMATION WITH OTHER PROGRAMS

Dear Parent/Guardian:

To save you time and effort, the information you gave on your "Notification of Inadequate or Temporary Transitional Housing" Form may be shared with other programs for which your children may qualify. For the following programs, we must have your permission to share your information. Sending in this form will not change whether your children receive free meals.

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- Yes! I **DO** want school officials to share information from my Free and Reduced Price School Meals Application with Medicaid/SCHIP.
  - Yes! I **DO** want school officials to share information from my Free and Reduced Price School Meals Application with Durango School District student fees.
  - Yes! I **DO** want school officials to share information from my Free and Reduced Price School Meals Application with Durango Parks and Recreation activities.
  - Yes! I **DO** want school officials to share information from my Free and Reduced Price School Meals Application with the City of Durango Multi Modal Division for transit passes.

If you checked yes to any or all of the boxes above, fill out the form below to ensure that your information is shared for the Child(ren) listed below. Your information will be shared only with the programs you checked.

Child's Name: \_\_\_\_\_ School: \_\_\_\_\_

Child's Name: \_\_\_\_\_ School: \_\_\_\_\_

Child's Name: \_\_\_\_\_ School: \_\_\_\_\_

Child's Name: \_\_\_\_\_ School: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Address: \_\_\_\_\_

For more information, you may call Student Nutrition Services at (970) 259-1630 ext 2042 or email to <mailto:foodservice@durango.k12.co.us>

Return this form to: Student Nutrition Services at 201 E. 12<sup>th</sup> Street, Durango, CO 81301

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To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html), and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form.

To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by: (1) mail: U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights; 1400 Independence Avenue, SW Washington, D.C. 20250-9410; (2) fax: (202) 690-7442; or (3) email: [program.intake@usda.gov](mailto:program.intake@usda.gov). This institution is an equal opportunity provider.