



McKinney-Vento Transition Education Services

Purpose: The purpose of this form is intended to address the McKinney-Vento Act 42 U.S.C 11435. The answers received will help to determine the services the student(s) may be eligible to receive.

Section A: Residency Verification (Please answer all that apply)

Is the student:
 [A] living in a shelter/transitional housing
 [B] living with family or friends temporarily due to loss of housing, economic hardship or similar reason; doubled-up
 [D] living in cars, parks, campgrounds, temporary trailer parks, public or abandoned buildings, substandard housing
 [E] living in a hotel or motel
 [N] none of the above **-STOP! IF NONE APPLY, YOU DO NOT HAVE TO ANSWER THE REMAINING QUESTIONS!**

Is the student:

- a migrant? (refers to a student whose family moves between districts to work or seek seasonal jobs) yes no
- an unaccompanied youth? (refers to a student who is not in the physical custody of a parent or guardian.) yes no
- relocating from another county? yes no If yes, list County: _____ Last School: _____
- residing in the place listed above due to a natural or manmade disaster? (If yes, please place "X" in appropriate box below)
 Mortgage Foreclosure (M) Natural Disaster-Flooding(F) Natural Disaster-Hurricane(H) Natural Disaster-Tropical Storm(S)
 Natural Disaster-Tornado(T) Natural Disaster-Wildfire/ Fire(W) Man-made Disaster (Major) (D)
 Other-i.e. lack of affordable housing, long-term poverty, unemployment or underemployment, lack of affordable healthcare, mental illness, forced eviction, etc. (O)

Section B: Student Information- Print the names of all school-aged AND preschool-aged (3 & 4yrs old) children in your family

Name	Gender	School Name and Number	Grade	Is am/pm bus needed?	Student # (office use only)

*Be sure to indicate in Section B if the students above will need transportation to/from school, or ESE

Section C: Address Confirmation-(Current nighttime residence)

Parent/Caregiver/Unaccompanied Youth (Print): _____

Address: _____

City: _____ **State:** _____ **Zip:** _____ **Email:** _____

Phone Number: _____ **Cell Number:** _____

By signing below, I declare that the information above is correct and true and I am aware that:

- I must notify my child's school within 5 days should my residence change.
- This residency questionnaire only applies to rights under the McKinney-Vento Act and in no way nullifies behavioral proceedings or School Board policies regarding attendance or reassignment.
- Anyone who knowingly makes false statements in writing with the intent to mislead shall be guilty of a misdemeanor and is punishable as provided in Sections 775.082, 775.083; 837.06, Florida Statutes.

Parent/Caregiver/Unaccompanied Youth Signature: _____ **Date:** _____

Counselor/School Personnel Signature: _____ **Date:** _____

McKinney-Vento Education Liaison Signature: _____ **Date:** _____

Based on the information above & interview with this family, I attest to the best of my knowledge that they are eligible for benefits under the McKinney-Vento Education Act.