



# 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 (due to the lack of alternative accommodations)  
 [N]  none of the above **-STOP! IF NONE APPLY, YOU DO NOT HAVE TO ANSWER THE REMAINING QUESTIONS!**

**Is the student:**

1. a migrant? (refers to a student whose family moves between districts to work or seek seasonal jobs)  yes  no
2. an unaccompanied youth? (refers to a student who is not in the physical custody of a parent or guardian. )  yes  no
3. relocating from another county?  yes  no If yes, list County: \_\_\_\_\_ Last School: \_\_\_\_\_
4. 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)      Pandemic (major) (P)  
 Other-i.e. lack of affordable housing, long-term poverty, unemployment or underemployment, lack of affordable healthcare, mental illness, forced eviction, etc. (N)

## 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:**

1. I must notify my child's school within 5 days should my residence change.
2. 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.
3. 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.