Student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Piedmont City School District (PCMS)

Grade: \_\_\_\_\_\_\_\_\_\_ Questionnaire: Student/Family Domicile 2020-2021

*Your child may be eligible for additional educational services through Title I concerning the*

*Migrant, and/or Federal McKinney-Vento assistance. Eligibility can be determined by*

*completing the questionnaire below.*

|  |
| --- |
| 1. Presently, are you and/or your family in any of the following situations? *Check one box.* |
| * A. Staying in shelter, FEMA trailer, or waiting for foster care placement.
* B. Sharing the housing of others due to loss of housing, economic hardship, leading to doubled-up, or similar reason.
* D. Living in a car, park, campground, public space, abandoned building, substandard housing or similar.
* E. Temporarily living in a motel or hotel due to loss of housing, economic hardship or similar reason.
* U. Unknown nighttime residence., Constantly moving from residence to residence.
 |
| **2. Unaccompanied Youth: not in the physical custody of a parent or guardian** *Check one box.* |
| * Y. Student(s) is with an adult that is not a parent or legal guardian, or alone without an adult.
* N. Student DOES NOT meet the definition of “Unaccompanied youth”.
 |
| **3. Have you moved in the past 3 years to seek work as a paid laborer in any type of farming (sod, dairy, chicken, vegetable, citrus, or other) or fishing? (Check one) \_\_\_\_Yes \_\_\_\_ No** |
| * 1, 2 or 3 DOES NOT APPLY, STOP: If you checked this box, you DO NOT need to complete the remainder of this form. Please sign and submit this form to your child’s teacher for school records.
 |
| If any of the above information listed above indicates a need under McKinney-Veto Assistance, please fill in #4 and sign below. Return to the student’s homeroom teacher. Thank You! |
| 4. Student Name: First Middle Last  | M/F | D.O.B. | Grade andHomeroom Teacher | School Name |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**The undersigned certifies that according to information provided above, the students listed meet the definition of “Homeless” as stated according to the McKinney-Vento Act .**

**Print** Parent/Guardian Name Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Area Code) Phone number Street Address City State Zip

Child Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade Level; \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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# School Use Only

* Free or Reduced Price Meals form submitted
* Request “Known Needy” Status
* Free or Reduced Meals not requested.

**School Advocate or Administrator:** Based on the above information and a brief interview with this family, I attest that to the best of my knowledge they are eligible for benefits under the McKinney-Vento Act:

**Print** Advocate or School Administrator Name ***(required)***  Title **Signature *(required)*** Date

**Copies to:** 1. School Data Entry Person for TERMS & Food and Nutrition Service Manager 4. EHCY Program @ PVES if applicable

 2. D.O. Food and Nutrition Svce 3. Student’s Cumulative Record 5. Title I Migrant Office if applicable 5/05