

Student: _____
 Grade: _____

Piedmont City School District (PHS)
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 and Homeroom 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; _____

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
 2. D.O. Food and Nutrition Svce 3. Student's Cumulative Record 4. EHCY Program @ PVES if applicable 5. Title I Migrant Office if applicable 5/05