

# Toutle Lake McKinney-Vento Questionnaire Form

School \_\_\_\_\_ Date \_\_\_\_\_

*Your child may be eligible for additional educational services through Title X, Part C, Federal McKinney-Vento Assistance Act. Eligibility can be determined by completing this questionnaire.*

**1. Where are you and your family currently staying? Check one box.**

<p><b>Section A</b></p> <p><input type="checkbox"/> Rent/own my own home or apartment.</p> <p><b>STOP:</b> If you rent/own your own home, sign under item 4 and submit form to school personnel.</p>	
<p><b>Section B</b></p> <p><input type="checkbox"/> Temporarily with another family because we cannot afford or find affordable housing.</p> <p><input type="checkbox"/> With an adult that is not a parent or legal guardian, or alone without an adult.</p> <p><input type="checkbox"/> In a hotel/motel.</p> <p><input type="checkbox"/> In a vehicle of any kind, RV park or campground without running water/electricity, abandoned building or substandard housing.</p> <p><input type="checkbox"/> In an emergency/transitional shelter.</p> <p><input type="checkbox"/> Other</p> <p><b>CONTINUE:</b> If you checked a box in Section B, complete the remainder of this form.</p>	<p><b>For School Use Only:</b></p> <p><input type="checkbox"/> Doubled-Up</p> <p><input type="checkbox"/> Doubled-Up/Unaccompanied Youth</p> <p><input type="checkbox"/> Hotel/Motel</p> <p><input type="checkbox"/> Unsheltered</p> <p><input type="checkbox"/> Sheltered</p> <p><input type="checkbox"/> Unknown</p>

**2. Who do the children/youth live with?**

<input type="checkbox"/> 1 parent	<input type="checkbox"/> relative(s), friend(s) or other adult(s)
<input type="checkbox"/> 2 parents	<input type="checkbox"/> alone with no adult
<input type="checkbox"/> 1 parent and another adult	<input type="checkbox"/> an adult who is not the parent or legal guardian

**3. If you checked a box in Section B, your child/children may be eligible for additional educational services through Title X, Part C- Federal McKinney-Vento Assistance Act.**

Student(s) Name		M/F	D.O.B.	Grade	School Name
First	Last				

**4. The undersigned certifies that the information provided above is accurate.**

Print Name of Parent/Guardian/Adult Caring for Student \_\_\_\_\_

Current Address \_\_\_\_\_  
Street Address
City
State
Zip

Phone/Pager/Contact # \_\_\_\_\_

Emergency Contact Name and Phone \_\_\_\_\_

Signature of Parent/Guardian/Adult Caring for Student \_\_\_\_\_ Date \_\_\_\_\_

**Enrollment Staff:** If parent marked any box in Section B above, please forward a copy of this form to:

**Scott Grabenhorst, Toutle Lake Homeless Liaison, Toutle Lake SD Phone: 360-274-6182**