Elwood Community School Corporation McKinney -Vento Residence Form

Student Name		Date of Birth	/		_ Grade
"home	IcKinney-Vento Homeless Assistanceless" as "individuals who lack a fen who "are temporarily sharing the hip."	ixed, regular, and adequate	e nighttime	residenc	ce." This includes
	Does not apply; student is not hom	neless			
Please	check one of the following stateme	ents if your family is experie	encing temp	orary ho	melessness:
	Living in a shelter, including trans Please provide name of shelter a				
	Name:				
	Street:				
	City, State, Zip Code:				
	Living on the streets, abandoned b fit for habitation. Please provide information regard		1.0		places, housing not
_	Living in hotels/motels for lack of Please list name and address of l				
	Name:				
	Street:				
	City, State, Zip Code:				
	Doubled-up; Temporarily living w conditions. Please provide address of where	rith family or friends due to			
	Street:				
	City. State. Zip Code:				

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Please answer the following if you checked one of the four boxes above:

How long do you expect to be at this address?			
Date student moved to this address:	//		
Is a parent living in the home with the student?	☐ Yes	□ No	
If no, with whom is student living?			
Relationship:			
Are you seeking permanent housing?	☐ Yes	□ No	
A McKinney-Vento Liaison representing the dist transportation. We have read the information prothe McKinney-Vento Act:			
Parent/Guardian/Unaccompanied Youth Signatur	re	Date	
For Office Use Only			
Under the McKinney-Vento Act, this student:			
☐ Does QUALIFY			
☐ Does NOT QUALIFY			
McKinney-Vento Liaison/Appointee Signature		Date	