

# Livingston School District

School Name: \_\_\_\_\_

Grade: \_\_\_\_\_

Students Name : \_\_\_\_\_ Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_

Student's Legal First Name

Students Middle Name

Student's Legal Last Name

This questionnaire is intended to address the McKinney-Vento Act 42 U.S.C. 11435. The answers to these housing questions help determine the services the student may be eligible to receive.

1. Is your current address a temporary living arrangement? YES or NO
2. Is this temporary living arrangement due to loss of housing or economic hardship? YES or NO
3. Is the student waiting for foster care? YES or NO
4. Is student living with someone other than their parent/guardian? YES or NO

If you answered YES to *any* of the above questions, please complete the remainder of this form. If you have answered NO you may stop here.

Where is the student presently living? ( check one box)

- In a motel*
- In a shelter –emergency shelter, women's shelter, homeless shelter, ect...*
- Living with more than one family in a house or apartment– **due to financial hardship only***
- In a place not designed for ordinary sleeping accommodations such as: car, park or campsite*
- Moving from place to place*

Name of Parent(s) / Legal Guardian(s) \_\_\_\_\_

(or unaccompanied youth) \_\_\_\_\_

Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_ Date: \_\_\_\_\_

(Signature of Parent/Legal Guardian or Unaccompanied Youth )

*I certify the above named student qualifies for the Child Nutrition Program under the provisions of the McKinney-Vento Act.*

\_\_\_\_\_  
Signature of School Staff

\_\_\_\_\_  
Date

Entered into IC & Food Service

\_\_\_\_\_/\_\_\_\_/\_\_\_\_