## Information contained on this form is confidential and used to determine whether a child or youth meets the definition of homeless under the McKinney-Vento Act. The Education for Homeless Children and Youth (EHCY) program as authorized under Title VII-B of the McKinney-Vento Homeless Assistance Act (42 U.S.C. 11431 et seq. Please note, false claims about living situations may affect enrollment.

**Section A**

Today’s date:

Name of individual completing this form: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Your telephone number: Your email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Name:

Last school attended: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Current grade: \_\_\_\_\_\_\_\_\_\_\_\_

Do you have additional children attending Primavera Online School? Yes ☐ No ☐

Do you have children of the preschool age? Yes ☐ No ☐

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

Please provide information about additional children attending school in our district or of preschool age.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Last Name | First Name | Grade | School | District |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

Address of where the student slept last night: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Is this address based on a temporary living arrangement? Yes ☐ No ☐

(Examples: hotel; shelter; transitional housing; sharing the housing of others due to loss of housing, economic hardship, or similar reason; car; park; campsite.)

## NOTE: If you checked “No” to the temporary living arrangement, you may STOP here. If you checked “Yes”, please continue to the next section.

**Section B**

Name of the parent/guardian/adult caring for the student:

Relationship to the student:

If the address you provided in section A is based on a temporary living arrangement, is it due to loss of housing or economic hardship? Yes ☐ No ☐

## Please place an “X” in each box that best describes where the student sleeps at night.

* In a place that does not have windows, doors, running water, heat, electricity, or overcrowded
* Staying with a friend or relative because of loss of housing, economic hardship, or similar reason  
  (Example: eviction, foreclosure, fire, flood, lost job, divorce, domestic violence, kicked out by parents, ran away from home)
  + *What date did you being staying here*? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* In a shelter/transitional housing program (name of agency):
  + What date did you begin staying here? *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*
* In an unsheltered location (e.g. tent, vehicle, abandoned building, streets, campground, park, bus/train station, or similar place)
  + What date did you begin staying here?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* In a hotel/motel (name of hotel/motel & address) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
  + What date did you begin staying here?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* With an adult that is not a parent or court appointed legal guardian
* Alone, not in the care of a parent or court appointed legal guardian
* None of the above (Please explain): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The following signature certifies that the information provided above is accurate. False claims about living situations may affect enrollment.

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

Signature of Person Providing Information Date

**For Homeless Liaison Use Only**

Please note, the student’s cumulative file should **not** include a copy of this form. **Do not make copies of this form.**

If Section B is filled out, please notify the LEA Homeless Education Liaison, and provide the original form to Jaimee Miller

Please check the housing types that apply:

Date received by Homeless Liaison

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

Sheltered ☐ Doubled-up ☐ Unsheltered/FEMA/Substandard ☐ Hotel/Motel ☐

Unaccompanied youth: Yes ☐ No ☐