



MCKINNEY-VENTO REQUEST FORM

Student Name: _____

Campus: _____ Grade: _____.

Indicate Student presently living:	The Student lives with:
<input type="checkbox"/> In a shelter.	<input type="checkbox"/> One or two parent
<input type="checkbox"/> with more than one family in a house or apartment	<input type="checkbox"/> A relative, friend or other adult
<input type="checkbox"/> Unsheltered as in a car, abandoned building, etc.	<input type="checkbox"/> An adult that is not related
<input type="checkbox"/> Motel or hotel.	<input type="checkbox"/> Alone with no adult

Name of the person requesting services: _____ Date: _____

Relationship with the Student: _____ Signature _____

Campus Representative, Title: _____ Signature: _____

If the student qualifies to receive services under the McKinney-Vento Homeless Education Assistance Improvement Act, also referred to as Homeless Program, please indicate what the student needs from any of the following services:

Services	Yes	No	Services	Yes	No
Free Meals			School Supplies		
Referral Services			Backpack		
Transportation			Uniforms		
Tutoring			Shoes		
Summer Enrichment			Fee Payments (academic related)		
Counseling			Immunizations or medical services		
Enrollment Assistance			Other:		

For official use only

___ Yes, student qualifies for McKinney-Vento Services
 ___ No, student do not qualify for McKinney-Vento services. Verify by: _____

I certify the above named student qualifies for services under the provision of the McKinney-Vento Act. McKinney-Vento Liaison Signature: _____

Student received:

Received by: _____ Date: _____ Signature: _____

Campus Representative: _____ Date: _____ Signature: _____