



## McKinney-Vento Questionnaire

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

Name of Student: \_\_\_\_\_  
Last First Middle

Gender:  Male  Female Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade: \_\_\_\_ ID#: \_\_\_\_\_  
Month Day Year (K-12)

**This questionnaire is intended to address the McKinney-Vento Act 42 U.S.C. 11435. The answers to this residency information help the district determine the services the student may be eligible to receive.**

1. Is the current address a temporary living arrangement?  Yes  No
2. Is the temporary living arrangement due to loss of housing or economic hardship?  Yes  No

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

**Where is the student currently living?** (Please check one box.)

- In a shelter
- With another family or other person because of loss of housing or as a result of economic hardship
- In a hotel/motel
- In a car, park, bus, train, or campsite
- Other temporary living situation (Please describe): \_\_\_\_\_
- In permanent housing

\_\_\_\_\_  
Print name of Parent, Guardian, or Student (for unaccompanied homeless youth) Phone

Street Address: \_\_\_\_\_ City: \_\_\_\_\_

*Presenting a false record or falsifying records is an offense under Section 37.10, Penal code, and enrollment of the child under false documents subjects the person to liability for tuition costs. TEC Sec. 25.002(3)(d).*

\_\_\_\_\_  
Signature of Parent, Guardian, or Student (for unaccompanied homeless youth) Date

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

\_\_\_\_\_  
Date Brian P. Farrell, McKinney-Vento Liaison