



The answers to this questionnaire help in determining eligibility for services through the federal McKinney-Vento Act, 42 U.S.C. 11435. For more information, please contact The Homeless Education Project 941-255-7480 or visit our website at <https://www.yourcharlotteschools.net/Page/16965>

Temporary Living Situation Information

Check only one box that applies to your living situation:

- We are temporarily staying with another family member or friend
- We are staying in a hotel or motel
- We are sleeping in a vehicle or in a campground, or in an abandoned building or other substandard housing
- We are staying in an emergency or transitional shelter

Please complete the information below only if you checked any of the temporary living situations above.

Which of the following best describes the cause of your temporary living situation:

- Mortgage Foreclosure
- Wildfire/Fire
- Man-Made Disaster
- Natural Disaster (Earthquake, Hurricane, Tropical Storm, Tornado) Circle one
- Pandemic (Major)
- Other- (Unemployment/ underemployment, eviction, domestic violence, lack of affordable housing/ health care, mental illness, long term poverty) Circle one

Student Name: _____ DOB: _____ School: _____ Grade: _____

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Please check one only

- A) ___ The student(s) is/are in the custody of a parent or legal guardian
- B) ___ The student(s) is/are not in the custody of a parent or legal guardian (ex: living alone, with a relative or another adult that is not a legal guardian) If you checked B, please provide the following information:

Student Contact Information for Unaccompanied Youth:

Email _____ Phone _____

Family Information:

Name of Parent/ Guardian or Caregiver _____

Current Student Nighttime Address _____

How long have you been at this address? _____

Email: _____ Phone Number: _____

Parent/Guardian/Caregiver/Unaccompanied Youth Signature _____ Date _____

Staff Member Assisting/ Submitting Form (Please Print) _____ School _____

I certify that the above-named student(s) qualifies for services under the provisions of the McKinney-Vento Act.

McKinney-Vento Liaison _____

Date _____

PLEASE FAX TO FAMILIES FIRST OFFICE (941) 255-7483