

## McKinney-Vento Family Data/Questionnaire (page 1 of 2)

This form assists school personnel in complying with the legal guidelines for school enrollment for children who meet eligibility criteria for services under the McKinney-Vento Assistance Act (Title X, Part C of the No Child Left Behind Act).

Please print. List all OUSD students in family who may qualify for this program.

<u>Student Names</u>	<u>School Attending</u>	<u>Birthdate</u>	<u>Age</u>	<u>Grade</u>	<u>Student ID #</u>

Parent/Guardian Name \_\_\_\_\_ Unaccompanied Youth? Yes No  
(Last Name) (First Name)

Current Address \_\_\_\_\_  
Street Address Apt/Room # City Zip Code

Telephone Number ( ) \_\_\_\_\_ Alternate Number ( ) \_\_\_\_\_

Last School Attended \_\_\_\_\_  
Name of School City School District

Does student currently have an IEP \_\_\_\_\_ 504 \_\_\_\_\_

**PLEASE CHECK THE FOLLOWING LIVING SITUATION THAT APPLIES TO THE STUDENT:**

- \_\_\_\_\_ **Living in home, rented home, or apartment (one family)**
- \_\_\_\_\_ **Living with friends or relatives (own choice). NOT economic hardship.**
- \_\_\_\_\_ **Due to economic hardship, loss of housing, foreclosure, loss of job, or similar reason, temporarily living with friends or relatives. Please explain: \_\_\_\_\_**  
(For example: Rent a room.)
- \_\_\_\_\_ **Section 8 housing or subsidized housing**
- \_\_\_\_\_ **Living in a shelter or transitional housing**
- \_\_\_\_\_ **Living in a hotel or motel**
- \_\_\_\_\_ **Living in a campground, park, or car**
- \_\_\_\_\_ **Living in other circumstances. Please explain: \_\_\_\_\_**

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**\*IMPORTANT: TO BE FILLED IN BY SCHOOL SUBMITTING FORM: (Retain a copy for site)**

<b>School Submitting Form: (Please Print)</b>	<b>OUSD Personnel Submitting Form: (Please Print)</b>
	<b>Name: _____ Phone: _____</b>

Kristine Nelson, M.A. - McKinney-Vento Coordinator Orange Unified School District  
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**For District Office Use Only**

Nutrition Services: \_\_\_\_\_ Transportation: \_\_\_\_\_ School Supplies: \_\_\_\_\_

Other/Mentor: \_\_\_\_\_

**\*\*\*TO BE FILLED OUT BY DISTRICT PERSONNEL ONLY\*\*\***

For all families that self-identify or have been identified as possibly eligible for McKinney-Vento Homeless Services, please have a conversation with parent and/or student to help ascertain if there is a homeless situation and what needs the family may have.

School McKinney Vento Contact person take notes on this form to help determine eligibility for services. Return this form to Student and Community Services, Attn: Kristine Nelson, along with the McKinney-Vento Data/Questionnaire.

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Name of Student/Family Interviewed: \_\_\_\_\_

Name of School Personnel doing this interview: \_\_\_\_\_

1. Tell me about your living situation.
  - a. How long have you been living there?
  - b. Where did you live before?
  - c. Are you planning on moving soon? If so, where?
  
2. How do your children get to school every day?
  
3. Do your children have school uniforms (if needed)? School supplies?
  
4. When was the last physical exam that your children had? Dental exam?

**\*\*Tell parent that this information will be sent to the McKinney-Vento liaison to see if the family may qualify for services.**