

St. Francis Indian School

VERIFICATION OF MCKINNEY-VENTO ELIGIBILITY

Completion of this form is not mandatory and it will be confidential. This may give you access to more resources. This form is intended to address the requirements of the McKinney-Vento Action (Title IV, Part A, of Every Student Succeeds Act, or ESSA). Answers and information given below will assist in determining if the student "meets the eligibility criteria for services provided under the McKinney-Vento Act.

Where does the student stay at night?

in a shelter _____
Name of shelter

in a motel/hotel _____
Name of Business

at a campsite or campground _____
Name of Business

Temporarily living with more than one family in a house, mobile home or apartment due to loss of home, economic hardship, etc.... _____

Student is an unaccompanied youth (living on their own) _____

Is in an arrangement that is not fixed, regular, and adequate and is not described by the above choices. Please describe the arrangement: _____

Student name: _____ Date of Birth: _____ School: _____

Student name: _____ Date of Birth: _____ School: _____

Student name: _____ Date of Birth: _____ School: _____

I, _____ declare as follows:
Print Name

I am the parent/legal guardian of the student(s) named above

I am an unaccompanied youth

Since, _____, our family has not had a permanent address
Date

Under penalty of perjury under the laws of this state, I declare that the information provided here is true and correct and of my own personal knowledge and that, if called upon testify, I would be competent to do so.

Name of person completing the form: _____

Signature: _____ Date: _____

Would like the Coordinator to contact you?

Yes Current phone number: _____
 No