

McKinney-Vento Program Application 25-26

Do you qualify to receive homeless services under the McKinney-Vento Act?

Please visit your child's school and ask for the school's homeless liaison to complete the necessary documentation, or complete the student residency form here. Once it has been submitted you will be contacted as quickly as possible.

* Indicates required question.

1. Email *

Parent / Guardian or Unaccompanied Youth Information

2. Name - Please enter the name of the parent/guardian completing this form. *

3. Email Address - Please enter the email address of the parent / guardian completing this form. *

4. Phone Number - Please enter a valid phone number for the person submitting this form. *

5. Current Location - Please provide the name of the shelter, hotel address, or location of where you slept last night. *

6. Vehicle - Do you have a vehicle to transport your child(ren) to and from school?

*  Dropdown

Mark only one oval.

☐ Yes

☐ No

7. Duration - How long have you been living in your current situation? *

8. Searching for Residence - Are you currently looking for your own place?

*  Dropdown

Mark only one oval.

☐ Yes

☐ No

9. Discuss Permission - Do you give Cleburne County Schools Homeless *
Liaison permission to discuss your case with other community
partners that may be able to assist you?

 Dropdown

Mark only one oval.

☐ Yes

☐ No

10. Preferred Communication - Please choose the preferred methods of communication. (Check all that apply)

*

Check all that apply.

- ☐ Email
☐ Phone (Voice)
☐ Phone (Text Message)

Student Information

11. Student Name *

12. Student Date of Birth *

Example: January 7, 2019

13. School Name *

 Dropdown

Mark only one oval.

- ☐ Ranburne Elementary School
☐ Ranburne High School
☐ Pleasant Grove Elementary School
☐ Fruithurst Elementary School
☐ Cleburne County Elementary School
☐ Cleburne County Middle School
☐ Cleburne County High School

14. Student Age *

15. Student Grade *

 Dropdown

Mark only one oval.

☐ Pre-K

☐ K

☐ 1st

☐ 2nd

☐ 3rd

☐ 4th

☐ 5th

☐ 6th

☐ 7th

☐ 8th

☐ 9th

☐ 10th

☐ 11th

☐ 12th

16. Student Ethnicity *

 Dropdown

Mark only one oval.

☐ Asian

☐ Black / African American

☐ American Indian / Alaskan Native

☐ White

☐ Native Hawaiian or Pacific Islander

☐ Hispanic

☐ Multi Race - 2 or More Races

17. Student IEP? - Please indicate whether the student has an IEP *

⌵ Dropdown

Mark only one oval.

☐ Yes

☐ No

18. Student Transportation - Does the student have reliable transportation?

* ⌵ Dropdown

Mark only one oval.

☐ Yes

☐ No

19. Second Student - Please indicate whether you have another student living in the household. *

Mark only one oval.

☐ Yes (If Yes, Please List Other Students in the Circumstances Answer Box)

☐ No

Family Situation

20. Family Needs - Is your family in need of any of the below? (Please check all that apply.) *

Check all that apply.

- ☐ School Enrollment Assistance
- ☐ Free School Meals
- ☐ School Supplies / Backpack
- ☐ Transportation Assistance to and From School
- ☐ School Fees (Field Trips, Senior Fees, etc.)
- ☐ Health and Hygiene Products
- ☐ Clothing Assistance
- ☐ Referral to Mental Health and Medical Assistance
- ☐ No Assistance Needed At This Time
- ☐ Other (Please describe in the circumstances text box below)

21. Current Living Situation - Where is the student or students living right now? *
- (Select only one)

Check all that apply.

- ☐ In an emergency, community, or transitional shelter
- ☐ In a motel/hotel or campsite due to economic hardship
- ☐ Doubled up with friends or family members due to the lack of stable housing situation
- ☐ None of the choices above apply to my current living situation (Please explain in the circumstances text box below)

22. Reason(s) - Please indicate the primary reasons for homelessness. (Please check * all that apply)

Check all that apply.

- ☐ Foreclosure
- ☐ Eviction
- ☐ Death in Family
- ☐ Medical / Mental
- ☐ Loss of Job
- ☐ Legal
- ☐ Natural Disaster
- ☐ Financial Hardship
- ☐ Abandoned
- ☐ Runaway
- ☐ Kicked Out
- ☐ Incarceration
- ☐ Other (Please explain in circumstances text box below)

23. Circumstances - Please explain the circumstances that lead to your homelessness. *

Declarations

24. Permanent Residency - Please enter the last date of permanent residency. *

Example: January 7, 2019

25. I understand that by clicking SUBMIT below, and 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 to testify, I would be competent to do so. *
- Declaration of Understanding - Please select yes or no to affirm the above statement.**
- ⌵ Dropdown

Mark only one oval.

☐ Yes

☐ No

26. I declare that I am EITHER the parent / legal guardian of the student(s) named above who is/are of school age and is/are seeking enrollment in the Cleburne County School System, OR I am an unaccompanied homeless youth who is of school age and is seeking enrollment in the Cleburne County School System. *
- Guardian or Student Declaration - Please select yes or no to affirm the above statement.**
- ⌵ Dropdown

Mark only one oval.

☐ Yes

☐ No

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