

# McKinney-Vento Eligibility Questionnaire

## Pima Unified School District

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

Name of Student \_\_\_\_\_

Name of School \_\_\_\_\_ Grade \_\_\_\_\_

Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_\_ male/female

1. Is your current address a temporary living arrangement? \_\_\_\_\_yes \_\_\_\_\_no

2. Is this living arrangement due to 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 does the student stay at night?

- |  |  |
|--|--|
| <input type="checkbox"/> In a Shelter  | <input type="checkbox"/> At a campsite                             |
| <input type="checkbox"/> In a motel/hotel  | <input type="checkbox"/> Moving from place to place                |
| <input type="checkbox"/> In a car  | <input type="checkbox"/> Other location not appropriate for people |
| <input type="checkbox"/> Doubled Up, more than one family in a house, mobile home, or apartment. |  |

Please check the areas of concern which apply to the student:

- |  |   |
|--|---|
| <input type="checkbox"/> Immunizations needed                | <input type="checkbox"/> School supplies needed |
| <input type="checkbox"/> Birth certificate needed            | <input type="checkbox"/> Transportation needed  |
| <input type="checkbox"/> Academic records needed             | <input type="checkbox"/> Free lunch needed      |
| <input type="checkbox"/> Payment of other school fees needed | <input type="checkbox"/> Other _____            |

### **Contact information**

Parent/Guardian Name: \_\_\_\_\_

Mailing Address \_\_\_\_\_ Zip \_\_\_\_\_ Phone # \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Please return this form to the Pima Unified Schools Homeless Liaison:

Linda Peru, RN [lperu@pima.k12.az.us](mailto:lperu@pima.k12.az.us) 928 387-8053 Fax 928 387 8022

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

Does the student lack a fixed, regular, and adequate nighttime residence? YES/NO

Is student awaiting foster care placement? YES/NO

McKinney-Vento Eligibility: YES/NO

Signature of McKinney-Vento Liaison \_\_\_\_\_ DATE \_\_\_\_\_