Your child may be eligible for additional educational services through Title IX, Part A of the Every Student Succeeds Act of 2015, The McKinney-Vento Homeless Assistance Act. Eligibility can be determined by completing this questionnaire. The information you provide is confidential. If eligible, students are to be *immediately enrolled* in accordance with The McKinney-Vento Assistance Act.

## **McKinney-Vento Questionnaire Form**

Student Name:	Date of Birth:
School Name:	Grade:
Name and grade of other children in household:	
1. Do you/your student live in any of these following situations:	?
☐ In emergency or transitional shelter or program	
☐ Sharing the housing of other persons due to: (select on	e)
Loss of housing, economic hardship or a similar	•
Long term, cooperative living arrangement	,
Other (please specify):	
In a vehicle of any kind, park, public space, abandoned	
train station or similar setting	
☐ In a motel, hotel, campground or similar setting due to	: (select one)
☐ Lack of alternative adequate accommodations	·
☐ A convenient living arrangement (i.e. waiting fo	r apartment/home to be ready)
Other (please specify):	,
☐ None of the above	
2. What is your/your student's living situation? Please check or	ne box.
Living with your legal parent or guardian	
Living alone	
Living with an adult that is not a legal parent or guardia	an
The undersigned certifies that the information provided is accurate:	
Print name of person completing form:	Needs Requested:
This fidine of person completing form.	None
Signature:	Transportation
	Food Assistance
Date:	
ddrocs of current recidence:	Hygiene Kit
ddress of current residence:	
none number or message number:	•

For more information please contact the BCSD Administration office at 319-753-6791 ext 1413. Enrollment staff: Please forward questionnaire to **Sibyl.McIntire**@bcsds.org

One Copy: BCSD Admin/SMcIntire