

MCKINNEY-VENTO VERIFICATION FORM

Head Start Center: _____

Date: _____

Child Name: _____

DOB: _____

This questionnaire is intended to assist in determining if a student meets the eligibility criteria for services provided under the McKinney-Vento Act 42 U.S.C. 11235.

The above child, who has applied for the Head Start program, meets one of the following criteria:

1. "Homeless" - Check one

- Staying in an emergency/transitional shelter;
- Awaiting foster care placement;
- Sharing the housing of others due to loss of housing, economic hardship, or similar reason;
- Staying in a hotel/motel due to loss of housing, economic hardship, or similar reason;
- Living in a car, park, campground, public space, abandoned building, or substandard housing;
- Unknown nighttime residence.

Or

2. "Unaccompanied Youth"

- Child is with an adult that is not a parent or legal guardian.

Or

3. "Migratory"

- Moved in the past three years to seek work as a paid laborer in any type of farming (sod, dairy, chicken, vegetable, citrus, or other) or fishing.

The above student is missing the following enrollment documentation

___ Proof of guardianship (Check if #2 above) ___ Proof of Birth ___ Immunization Record

Describe the child's living situation, if it does **NOT** meet one of the specific conditions listed below:

Fixed: A fixed residence is one that is stationary, permanent, and not subject to change.

Regular: A regular residence is one which is used on a predictable or routine basis.

Adequate: An adequate residence is one that is sufficient for meeting both physical psychological needs typically met in home environments.

Initial verifying family consent for information from third Party (if applicable) _____

Parent Signature: _____

Date: _____

Staff Signature: _____

Date: _____

Name of Form: MCKINNEY-VENTO VERIFICATION FORM

Purpose: 1302.12 Determining, Verifying, and documenting eligibility

The staff will utilize the McKinney-Vento procedure to determine homelessness and provide written documentation to determine eligibility.

Instructions: Staff will determine which of the 3 criteria best meets the homeless definition as described by the family.

If the family is unable to provide proof of guardianship, proof of birth, or immunization record the Head Start staff person will document this on the form. The staff person will then describe the child's living situation, including the specific condition for fixed, regular, and adequate housing.

The staff must allow the child to attend for up to 90 days or as long as allowed under state licensing requirements, without immunization and other records, to give the family reasonable time to present these documents.

If a child experiencing homelessness is unable to attend classes regularly because the family does not have transportation to and from the program facility, the program must utilize community resources, where possible, to provide transportation for the child.

Completed By: Head Start Staff

Date Due: At the time of application

Send To: Scanned into ChildPlus under Enrollment Attachments

Filed At: Child File

Revised: 9/2017