

McKinney-Vento Eligibility Questionnaire

Berean Academy

Section I.

Name of Student _____ [] Male [] Female
Last First MI

Birth Date _____ Age _____ Social Security# _____
(or student ID Number)

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.

1. Is your current address a temporary living arrangement? ___ Yes ___ No
2. Is this temporary living arrangement due to the loss of housing or economic hardship? ___ Yes ___ No

If you answered Yes to the above questions, please complete the remainder of this form. If you answered No, do not fill out Section II. Sign and date the form.

Section II.

Where is the student presently living? (Check one box)

- In a motel
- In a shelter
- With more than one family in an apartment or house
- Moving from place to place
- In a place not designed for ordinary sleeping accommodations (ex. car, park, campsite)

Name of Parent(s)/Legal Guardian _____

Address _____ Zip _____ Phone _____

Signature of Parent/Legal Guardian _____

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

Date

McKinney-Vento Liaison Signature