Morristown School District
McKinney-Vento Eligibility Questionnaire
(One form per family)

The Morristown School District wants to make sure that your child receives the best possible education. The information from this form will help to determine if your student is able to receive benefits under the federal McKinney-Vento Act, a law that helps students who are temporarily displaced from their homes for certain reasons.

A student qualifies for the McKinney-Vento Act if they are between the ages of 0-22 and lack a fixed, regular, and adequate nighttime residence. Specifically, if a student lives under any of these conditions:

- a house or apartment with more than one family because of economic hardship or loss
- a shelter (family, youth or domestic violence shelter or transitional living program)
- a motel, hotel or weekly rate housing
- an abandoned building, in a car, at a campground, on the street, etc.
- substandard housing (without electricity, heat or water)
- with friends or family because the youth is a runaway or unaccompanied youth

HOUSING INFORMATION

Where is the student(s) living at this time? (Please check all that may apply)

___ An emergency or transitional shelter
___ Temporarily with another family due to loss of housing, economic hardship or similar reason
___ A vehicle of any kind, trailer park or campground, abandoned building or other substandard housing
___ A hotel/motel due to loss of housing, economic hardship or similar reason
___ None of the above apply (You do not need to complete this form, just sign the bottom.)

Reason for temporary living: (If due to COVID-19, please check additional reasons)

___ Foreclosure
___ Eviction
___ Unemployment
___ Fire
___ COVID-19
___ Tornado
___ Earthquake
___ Flooding
___ Wildfire
___ Tropical Storm : Storm Name: _____
___ Hurricane : Storm Name: _____
___ Man Made Disaster
___ Other: _____

The student(s) is/are (Check 1 only):

1.___ in the physical custody of a parent or legal guardian
2.___ NOT in the physical custody of a parent or legal guardian (ex: living alone, with a relative who is not their legal guardian, living with other people, etc.) . If you checked #2, please provide the following information:

Student Contact Information for Unaccompanied Youth:
Email: _____Phone Number: _____

PARENT/GUARDIAN/CAREGIVER CONTACT INFORMATION

Parent/Guardian/Caregiver Name: _____ Relationship to student: _____ Temporary address or location of housing: _____ City: _____ Zip: _____ Cell Phone: _____ Alt. Phone: _____
Email: _____ Primary Language Spoken: _____ How long has/have the student(s) been in the TEMPORARY place? _____

SIGNATURES

The undersigned certifies that the information provided is accurate.

_____ _____ _____
Name of the Person Completing This Form (print) Signature of the Person Completing This Form Date