

Appendix A

Registration Checklist

Student: _____ School: _____ Date: _____

Homeless Registration Checklist

This checklist should be completed during registration at the assigned school on every child who meets the classification status of homeless.

When a parent, guardian, or caregiver is referred for a possible homeless situation, the **School Homeless Contact** should do the following in a confidential location:

- ____ 1. Ask questions about living arrangements. Let them know the following: **“This information is strict confidential. Federal law mandates that this information is on a need-to-know basis. Therefore, the child’s teacher may not necessary know the status of your child. Do you mind if I ask some questions to make a determination about your situation?”**
 - Are you currently living with someone?
 - Are you living there because you cannot afford a place of your own?
 - How many bedrooms in the home?
 - How many families in the home?
 - Is the parent able to care for the child? (Unaccompanied Youth)
 - Why is the child living with you? (Unaccompanied Youth)
- ____ 2. Have the parent, guardian, or caregiver complete the **McKinney-Vento Student Survey** (one for each child).
- ____ 3. Complete the **Student Identification for Referral and Eligibility Form** (one for each child) if the child is determined to be homeless.
- ____ 4. Have the parent, guardian, or caregiver complete the **McKinney-Vento Statement of Initial Contact** (one for each child).
- ____ 5. Have the parent, guardian, or caregiver complete the **McKinney-Vento Affidavit for Missing Enrollment Documentation**. Check the missing documents on this form before giving the affidavit to the parent guardian, or caregiver for completion.
- ____ 6. Have the caregiver complete the **McKinney-Vento Caregiver’s Authorization Form** (one form for each child). (Form not required for legal parents or guardians.)
- ____ 7. Review the client consultation paperwork (listed below) with the parent, guardian, or caregiver, and check on the **Student Identification for Referral and Eligibility Form** that the client consultation is complete.
 - **District Pamphlet** (Discuss the contents with the parent, guardian, or caregiver.)
 - **Local Agencies List** (Read the statement at the top of the list to the parent, guardian, or caregiver.)
 - **Information for Parents and Information for School-Aged Youth**
 - **Mississippi Compulsory School Law** (Remind parent, guardian, or caregiver that kids must be in school. If they have questions, refer them to the School Attendance Officer.)
- ____ 8. Make a legible COPY of the parent, guardian, or caregiver’s ID or driver’s license. Also, copy any other documentation needed to support the application file.
- ____ 9. Complete and give the **Status Notification for McKinney-Vento Eligibility** to the parent, guardian, or caregiver. Make a copy for the original application.
- ____ 10. Ask if school uniforms are needed. If the school provides uniforms purchased with Title funds, complete the **School Uniforms Form** for providing emergency school uniforms. Also, complete the referral form to Junior Auxiliary. A copy of these forms should be forwarded to the District Homeless Liaison with the original homeless paperwork.
- ____ 11. Ask if school supplies are needed. If the school provides supplies, complete the **School Supplies Form**. A copy of this form should be forwarded to District Homeless Liaison with the original homeless paperwork.
- ____ 12. Complete the **Homeless Identification Form** on the student. Forward the form to the District Homeless Liaison.
- ____ 13. Ensure that the application and processes above are **complete**. Send the original application file to the District Homeless Liaison. Keep a copy for your records. Include this completed checklist with each application.
- ____ 14. Contact the previous school for grades and additional enrollment information, if needed.

Appendix B
Student Survey

McKinney-Vento Student Survey

This form is intended to address the requirements of the McKinney-Vento Act. The question below is to assist in determining if the student meets the eligibility criteria for services provided under the McKinney-Vento Act.

Date: _____ School: _____

Student's Name: _____ Grade: _____

Student's Date of Birth: _____

Parent's Name: _____

Caregiver's Name (If **not** legal parent or guardian): _____

Address: _____ Phone Number: _____

Where does the student reside / sleep at night? (Please check all that apply.)

- _____ A house, apartment, mobile home, etc. with mother, father, or guardian.
- _____ Temporarily with more than one family in a house, mobile home, or apartment (because the family does not have a place of its own)
- _____ In a shelter
- _____ In a motel/hotel
- _____ In a car
- _____ At a campsite
- _____ In another location that is not appropriate for people (e.g., an abandoned building)
- _____ In an arrangement that is not fixed, regular, and adequate and is not described by the other choices
- _____ Other (specify) _____

Appendix C
Referral and Eligibility Form

Title X Part C McKinney-Vento Homeless Assistance Act
Education for Homeless Children and Youth Program

Student Identification for Referral and Eligibility Form

School: _____ **Referral Date:** _____ **Person making referral:** _____

Section 1. Student Information – Fill in all blanks, if possible.

Student's Name: _____ **Unaccompanied Youth:** _____ Yes _____ No

Current Age: _____ **Current Grade:** _____ **Sex:** _____ **Race:** _____

Parent's / Guardian's/ Caregiver's Name: _____ **Caregiver:** _____ Yes _____ No

Mailing Address: _____

Home Phone #: _____ **Work Phone #:** _____

Section 2. Eligibility Criteria – At least one (1) item must be marked.

- _____ Child does not reside with a parent or legal guardian.
- _____ Family resides in substandard housing.
(lacks or has inadequate utilities, excessive holes in floors, cardboard walls, mold, mildew, etc.)
- _____ Parent / guardians are migrant workers.
- _____ Child / family resides in temporary shelter or hotel/motel.
(runaway, throwaways, domestic violence, substance abuse, eviction, etc.)
- _____ Child / family resides with relatives or friends temporarily.
(i.e. job, housing, or other income loss, "doubling up")
- _____ Child / family resides in non-/sub-standard domiciles or "on the streets."
(i.e. tents, vehicles, abandoned buildings)
- _____ Child / family has a primary nighttime residence in a supervised publicly / privately operated shelter.
(shelters, transitional housing, transient / welfare hotels, etc.)
- _____ Parent / guardian in placement of an institution.
(i.e. jail / prison, mentally ill facility)
- _____ Other (please specify) _____

School Office Use Only:

Section 3: Parent Interview

Do you have pre-school age children (ages 3-5)? _____ Yes _____ No

Name: _____ **Age:** _____ **Grade:** _____ **School:** _____

Name: _____ **Age:** _____ **Grade:** _____ **School:** _____

Name: _____ **Age:** _____ **Grade:** _____ **School:** _____

_____ **Date of Decision:** _____ **Student is eligible for services** _____ **Student is not eligible for services**

Reason for non-eligibility: _____

Client Consultation: _____ Yes _____ No **If no, give reason:** _____

Signature of School Homeless Contact

Signature of District Homeless Liaison

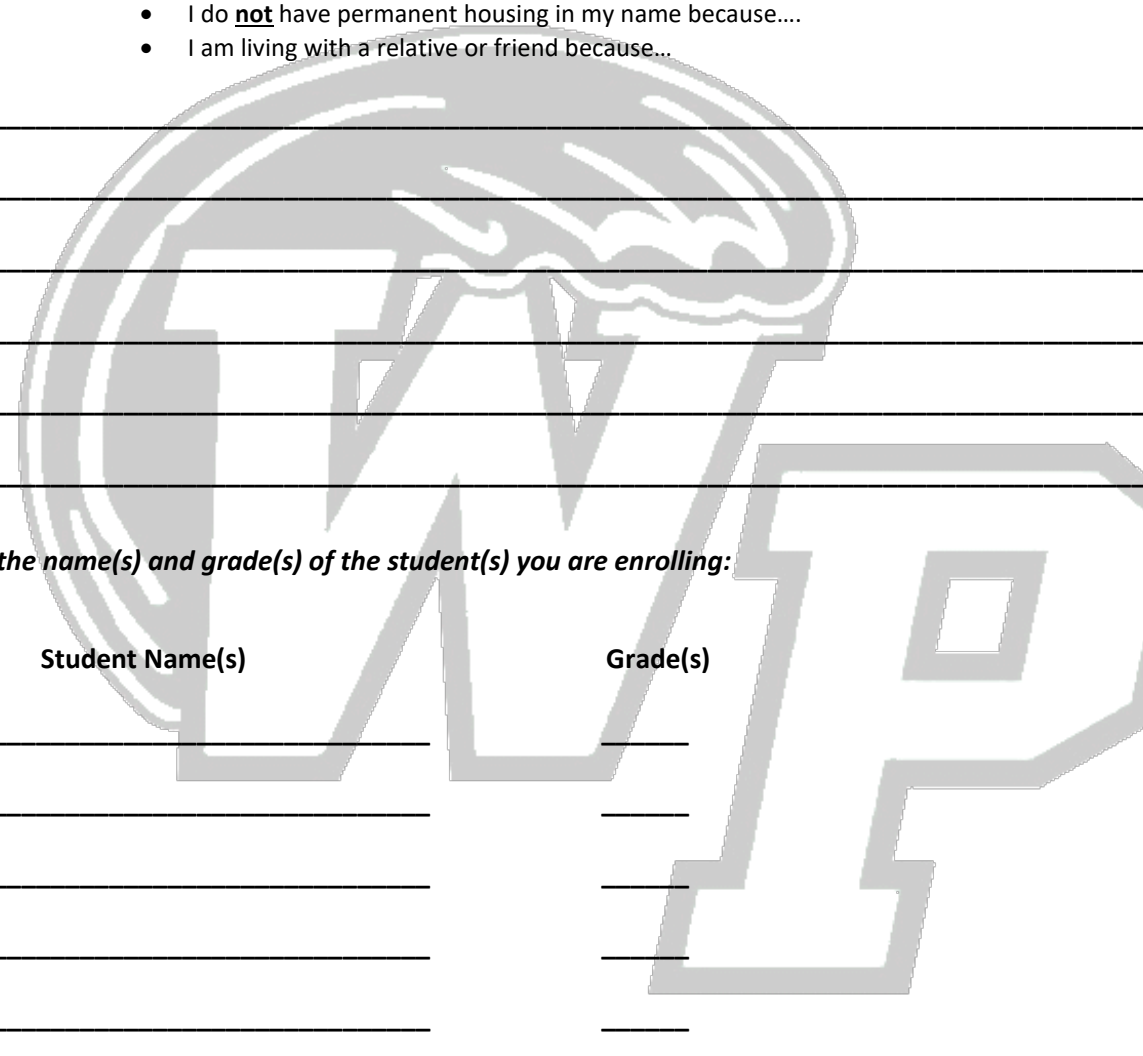
Appendix D
Statement of Initial Contact

McKinney-Vento Statement of Initial Contact

Please provide a brief statement regarding your special situation for enrolling the student under the McKinney-Vento Act.

Examples:

- The student is in my care and **not** with a legal parent or guardian because....
- I do **not** have permanent housing in my name because....
- I am living with a relative or friend because...



List the name(s) and grade(s) of the student(s) you are enrolling:

Student Name(s)

Grade(s)

Parent/Guardian Signature

Date

McKinney-Vento Affidavit for Missing Enrollment Documentation

_____ Proof of residency	_____ Immunization record(s)
_____ Proof of guardianship	_____ School physical/health record(s)
_____ Proof of identity	_____ School record(s)
_____ Birth certificate	_____ Other (please describe below)

1. What is your full name? (name of person completing form)

Please circle "yes" or "no".

3. What is (are) the full name(s) of the student(s) you wish to enroll in this district?

4. What are the age(s), date(s) of birth, and birthplace(s) of the students being enrolled in this district?

5

McKinney-Vento Missing Enrollment Documentation (cont.)

6. Where is (are) the student(s) currently living? Include the address and type of housing.
7. Do you have legal custody imposed by a court order or have you been designated as a court-appointed guardian for the student(s) being enrolled?

What court entered such order and what type of case was it (e.g., custody hearing, etc.)?

8. Why are you unable to present a copy of documentation for the item(s) checked on page 1 for the student(s) that you are enrolling?
9. To the best of your knowledge, has this student (have these students) ever been reported to any law enforcement agency as a missing child (as missing children)?

If the response to question #9 is yes, identify by name and address the law enforcement agency to which the child was reported missing and the date of the report.

10. In order to help the school district locate missing information, please give the following information:
Last school(s) attended (name of school, city or county, and state):

Clinic or medical facility where the student(s) was (were) immunized or received medical treatment
(name of facility, city, or county, and state):

Signature

Date

Appendix F
Caregiver Authorization Form

McKinney-Vento Caregiver Authorization Form

This form is intended to address the McKinney-Vento Homeless Assistance Act (P.L. 107-110) requirement that homeless children have access to education and other services for which they are eligible. The McKinney-Vento Homeless Assistance Act states specifically that barriers to enrollment must be removed. In some cases, a child or youth who is homeless may not be able to reside with his/her parent guardian; however, this fact does not nullify the child's/youth's right to receive a free, appropriate public education.

Instructions:

Complete this form for a child/youth presenting himself/herself for enrollment while **not** in the physical custody of a parent or guardian.

- To authorize the enrollment in school of a minor, complete items 1 through 4 and sign the form.
- To authorize the enrollment and school-related medical care of a minor, complete all items and sign the form.

I am 18 years of age or older and have agreed to fulfill the role of caregiver for the minor named below.

1. Name of minor: _____

2. Minor's date of birth: _____

3. My name (adult giving authorization): _____

4. My home address: _____

5. Check one or both (for example, if one parent was advised and the other could **not** be located):

_____ I have advised the parent(s) or other person(s) having legal custody of the minor as to my intent to authorize medical care and have received no objection.

_____ I am unable to contact the parent(s) or legal guardian(s) at this time to notify them of my intended authorization.

6. My date of birth: _____

7. My state driver's license or identification card number: _____

I declare under penalty of perjury under the laws of this state that the foregoing information is true and correct.

Signature: _____ Date: _____

Appendix G
Parent Notification: Possible Homeless Eligibility

Date: _____

Dear Parent or Guardian:

Your child, _____, who is enrolled at _____, was referred to my office to acquire eligibility for assistance under the McKinney-Vento Act. He/she may be eligible for assistance under this program.

Under the McKinney-Vento Act, the following services may be available for your child.

- Transportation to and from school
- School fees for activities, fieldtrips, and other school related fees
- Basic school materials and clothing
- Academic tutoring
- School breakfast and lunch with no charge
- Assistance for parent or guardian in getting documents for enrollment
- Referral to other service agencies
- Although you may attain permanent housing within 12 months, your child is protected under the McKinney-Vento Assistance Act for the academic school year that he or she is eligible for services.

In order to complete your registration paperwork, please call me at _____ to schedule an appointment. Thank you very much.

Sincerely,

School Homeless Contact

Appendix H
Status Notification: McKinney-Vento Eligibility

Status Notification for McKinney-Vento Eligibility

Referral Date: _____ Referred by: _____

Parent's/Guardian's Caregiver's Name: _____

Address (if applicable): _____

Student Name: _____ Grade: _____ School: _____

_____ Your child **does** meet the qualifications of the McKinney-Vento Act and **is** eligible for services provided under this Act. Enclosed is a Parent Information Sheet, from the McKinney-Vento Act, a Local Agencies List, and a brochure for you to review.

_____ Your child **does not** meet the qualifications of the McKinney-Vento Act and **is not** eligible for services provided under this Act.

Should you have more questions, please contact me at 662.494.4364.

Sincerely,

District Homeless Liaison

Appendix I Homeless Identification Form

Student: _____ Date: _____

School: _____ Grade: _____

Complete this form for all students enrolling as homeless. Check **only Services, Barriers, and Living Conditions** that apply to this student. Forward this form to **District Homeless Liaison** at Brandon Central Office.

Services

Check <u>all</u> that apply.		Check <u>all</u> that apply.	
	1. Addressing need related to domestic violence		10. Obtaining or transferring records necessary for enrollment
	2. Assistance with participation in school programs		11. Parent education related to rights and resources for children
	3. Before, after school, mentoring, summer programs		12. Referrals for medical, dental, and other health services
	4. Clothing to meet school requirements		13. Referral to other programs and services
	5. Coordination between schools and agencies		14. School supplies
	6. Counseling		15. Staff professional development and awareness
	7. Early childhood programs		16. Transportation
	8. Emergency assistance related to school attendance		17. Tutoring or other instructional support
	9. Expedited evaluations		

Barriers

Living Conditions

Check <u>all</u> that apply.		Check <u>all</u> that apply.	
	1. Eligibility for homeless services		1. Doubled-Up
	2. Immunizations		2. Hotels/Motels
	3. Other barriers		3. Shelters
	4. Other medical records		4. Unsheltered
	5. School records		5. Unaccompanied Youth
	6. School selection		
	7. Transportation		

Appendix J
Letter to School Contact

Date: _____ School: _____

Dear Homeless School Contact:

After a review of the application, the following student is homeless as defined under the McKinney-Vento Homeless Assistance Act (P.L. 107-110) and is eligible for services. The McKinney-Vento Assistance Act states specifically that barriers to enrollment must be removed.

It has been determined that _____ does meet the McKinney-Vento status of homeless and is eligible for services provided under this act.

In conducting this review, it was determined that the above student did not have the following checked items:

_____ School records

_____ Immunization records

_____ Birth certificate

_____ School Uniforms

School records were requested on _____.

Immunization records were requested on _____.

Birth certificate was requested on _____.

School uniforms were requested on _____.

The Homeless School Contact needs to follow-up with parents to ensure that the above checked processes were completed. Also, please keep McKinney-Vento documentation in an accessible, confidential location.

Sincerely,

District Homeless Liaison

Appendix K
Dispute Resolution Process

Dispute Resolution Process – District

Student's Name: _____ I.D. #: _____ Grade: _____

School Name: _____

District's Action On Complaint

Taken within _____ school days after receiving notice of the complaint.

Did the District Homeless Liaison resolve this dispute? _____ Yes _____ No

If dispute was resolved, describe the actions taken by the District Homeless Liaison to resolve the dispute to the satisfaction of the parent/guardian:

If dispute was ***not*** resolved to the satisfaction of the parent/guardian, provide the date that the Homeless Liaison convened a meeting of the parties and briefly describe the outcome of this meeting:

Action taken by the school district to resolve the dispute (if necessary):

Was the dispute resolved? _____ Yes _____ No Date: _____

Explanation:

Signature of District Homeless Liaison

Date

Signature of Parent/Guardian

Date

Dispute Resolution Process – School

School Name: _____

School Address: _____ Phone: _____ Fax: _____

Student's Name: _____ I.D. #: _____ Grade: _____

Current Address: _____ Current Phone: _____

Parent/Guardian/Complaining Party's Name: _____

Relationship: ☐ Parent ☐ Guardian ☐ Unaccompanied Youth ☐ Other: _____

Current Address: _____ Current Phone: _____

Please note: Information regarding student's address, phone number, and information protected by the School Records Act can only be released to parent/guardian, the student, or to a person specifically designated as a representative of the parent/guardian.

Lives in a Shelter? ☐ Yes ☐ No

Name of school that parent chooses child to be immediately enrolled in and /or transported to/from until dispute is resolved: _____

Is the school of origin*? ☐ Yes ☐ No

****School of Origin means the school that the child attended when permanently housed or the school in which the child was last enrolled.***

If no, from which school was the student transferred? _____

Reason for the Complaint: _____

Signature of parent/guardian/complaining party: _____ Date: _____

Principal's Actions on the Complaint

Taken within _____ school day(s) after receiving notice of complaint.

Date District Homeless Liaison was notified of the dispute: _____

Action taken by principal to resolve the dispute: _____

Was the dispute resolved? ☐ Yes ☐ No Date: _____

Explanation: _____

Principal's Signature

Date

Appendix L
School Uniforms Form

Date: _____

The West Point Consolidated School District provided school uniforms as indicated below
for _____ in grade _____
a student at _____ (name of school).

Parent Name: _____ Phone #: _____

Parent, Guardian, or Caregiver's Signature

School Homeless Contact's or District Homeless Liaison's Signature

Item (Example: Khaki pants)	Size (Example: 6)	Quantity (Example: 1)

Appendix M
School Supplies Form

Date: _____

The West Point Consolidated School District provided (circle one) a **bookbag with supplies** or a **supply kit** for _____
a student at _____ (name of school).

Parent Name: _____ Phone #: _____

Parent, Guardian, or Caregiver's Signature

School Homeless Contact or District Homeless Liaison's Signature



Disclaimer Statement: All procedures in this handbook are subject to change due to updates from USDE, MDE, and/or district office.

The West Point Consolidated School District does not discriminate on the basis of age, sex, race, religion, handicap, or national origin.