

McKinney-Vento Homeless Assistance Act

Declaration Form

I declare my family meets one of the following conditions for the McKinney-Vento Homeless Assistance Act: (Please check all that apply)

- Lack a fixed, regular nighttime residence
- Live with a friend or relative because I cannot afford housing (Doubled-up)
- Live in a motel/hotel
- Live in an emergency shelter, transitional shelter, or domestic violence shelter
- Live in a car, trailer, park, or campground
- Other: _____

Name of Parent/Guardian: _____

Address/Current Location: _____

Phone: (____) _____ Cell: (____) _____

Emergency Contact: _____ Phone: (____) _____

Please list the full name of each child below and the corresponding school site.

Student Name	Birthdate	School	Grade

Signature of Parent/Guardian

Date