



Edinburg Community Unit School District #4

Home of the Bobcats and Wildcats

100 East Martin Street Edinburg, IL 62531 Phone: 217-623-5603 Fax: 217-623-5750 or 217-623-5604

Fred Roberts, Superintendent
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Kevin Qualters, Assistant Principal
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Student/Family Questionnaire

Student Name:	DOB:	Grade:
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Your child may be eligible for additional educational services through the McKinney-Vento Act. Eligibility can be determined by completing this questionnaire.

- Presently, are you and/or your family in any of the following situations? Check one of the following.
 - A. Staying in a shelter, FMEA housing, or waiting for foster care placement.
 - B. Sharing the housing of others due to loss of housing, economic hardship or similar reasons.
 - C. Living in a car, park, campground, abandoned building, or similar substandard housing.
 - D. Temporary living in a motel or hotel due to loss of housing, economic hardship or similar reason.
 - E. Unknown nightly residence (non-permanent)

- Unaccompanied Youth: not in the physical custody of a parent/guardian. Check one of the following:
 - A. Student(s) is with an adult that is not a parent or legal guardian, or alone without an adult.
 - B. Student(s) does not meet the definition of an "Unaccompanied Youth."



IF NUMBERS 1 OR 2 DO NOT APPLY, DO NOT COMPLETE THE REMAINDER OF THIS FORM.

Student Name: Other students in family:

	First	Middle	Last	DOB	Grade	School
1.	_____					
2.	_____					
3.	_____					
4.	_____					

The undersigned certifies that according to the information provided above, the student(s) listed meet the definition of "Homeless" as stated in the McKinney-Vento Homeless Assistance Act.

Printed Parent/Guardian Name Signature Date

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Phone Number Address Zip

District Homeless Liaison: Based on this information, I attest that to the best of my knowledge this family is eligible for benefits under the McKinney-Vento Act.

Print Liaison Name Signature Title Date