

Waterville-Elysian-Morristown School District #2143
500 E. Paquin Street
Waterville, MN 56096
507-362-4432

Student/Family Housing Questionnaire

Disclaimer: This questionnaire is intended to address the McKinney-Vento Act. Your child may be eligible for additional educational services through Title I Part A, Title I Part C-Migrant, Individuals with Disabilities Education Act (IDEA), and/or Title X, Part C Federal McKinney-Vento Assistance Act. Eligibility can be determined by completing this questionnaire. It is illegal to knowingly make false statements on this questionnaire.

1. Presently, are you and/or your family in any of the following situations? Check one box.

- A. Staying in shelter, FEMA trailer, or waiting for foster care placement.
- B. Sharing the housing of others due to loss of housing, economic hardship, similar reason; doubled-up.
- D. Living in a car, park, campground, public space, abandoned building, substandard housing or similar.
- E. Temporarily living in a motel or hotel due to loss of housing, economic hardship or similar reason.
- U. Unknown nighttime residence.

2. Unaccompanied Youth: not in the physical custody of a parent or guardian Check one box.

- Y. Student(s) is with an adult that is not a parent or legal guardian, or alone without an adult.
- N. Student does not meet the definition of "Unaccompanied youth".

3. Have you moved in the past 3 years to seek work as a paid laborer in any type of farming (sod, dairy, chicken, vegetable, citrus, or other) or fishing? (Check one) Yes No

1, 2 or 3 do not apply. **STOP:** If you checked this box, you do not need to complete the remainder of this form. Submit this form to school personnel.

4. Student Name						
First	Middle	Last	M/F	D.O.B.	Grade	School Name

The undersigned certifies that according to information provided above, the students listed meet the definition of "Homeless" as stated in Minnesota Statute 256K.45 and McKinney-Vento Act (Subtitle B, Sect. 725).

Print Parent/Guardian Name _____ Signature _____ Date _____

Area Code) Phone number _____ Street Address _____ City _____ State _____ Zip _____

School Use Only

- Free or Reduced Price Meals form submitted
- Request "Known Needy" Status
- Free or Reduced Meals not requested.

District Homeless Liaison: Based on the above information and a brief interview with this family, I attest that to the best of my knowledge they are eligible for benefits under the McKinney-Vento Act:

Print Advocate or School Administrator Name (required) _____ Title _____ Signature (required) _____ Date _____