

Family Name: _____

McKinney-Vento Assistance Screening Form

(Please complete one form per family)

Please check the line(s) below that best describes the *student's* living situation. The purpose of this form is to provide information to help make a determination of eligibility for rights and services under the McKinney-Vento Homeless Assistance Act.

Is the student(s) living in any of the following situations (check all that apply)?

- Sharing housing with others due to loss of housing, economic hardship or similar reason
- Staying in a shelter (family, domestic violence or youth shelter)
- Temporarily living in a motel or hotel due to loss of housing, economic hardship or similar reason
- Living in a car, park, campground, abandoned building, or other inadequate accommodation
- Living in transitional housing (case management *and* subsidy *and* time limited)
Name and number of case manager _____
- Living in other situations that are not fixed, regular or adequate for nighttime residence.
- Children/youth living in a homeless situation who are also not under the care of a parent and/or legal guardian
- Migratory children who live in any of the circumstances as described above
- Although now permanently housed, my family was identified under McKinney-Vento during the current school year. If yes, which district: _____

If you checked any of the above, please complete the information below.
If you did not check any of the above, you do not need to complete anything below.

Please list all children in the household (up to age 21):

Name	Date of Birth	School

This form will be shared with our McKinney-Vento Homeless Liaison, Kirstin Doveri. She will follow-up with you regarding eligibility for services. Completing this form will not automatically result in services under the McKinney-Vento Homeless Assistance Act. Please contact **Kirstin Doveri at 541-892-6306** for more information and/or questions.

This information is confidential and shall be kept for the current school year only