



TROUP COUNTY SCHOOL SYSTEM MCKINNEY-VENTO ELIGIBILITY ASSESSMENT

The McKinney-Vento program helps to meet school-related needs of students who are staying in a temporary place or in a place that does not meet basic needs due to hardship caused by natural disaster, eviction, foreclosure, domestic violence, and other reasons.

Please complete this form if you think your child may be eligible for the McKinney-Vento program.
Let us know if you need immediate help while you are waiting on an eligibility decision.

Student Name: _____

School: _____ Student ID#: _____ Grade Level: _____

Current Address: _____ Zip: _____

Phone Number(s): _____

How long at present address? _____ How much longer is likely? _____

Is the student currently living with a legal parent or guardian? _____

If no, please explain: _____

Where is the student currently living? Please check the appropriate box and answer the appropriate questions:

In a motel/hotel. What is the reason for the stay? _____

In an emergency/temporary shelter. Name of shelter: _____

In a place not designed for ordinary sleeping conditions such as a car, park, or campsite

In a home without electricity, water, or other necessities (house, apartment, trailer, etc.).

What necessities are you lacking? _____

How long have you been without necessities? _____

With more than one family due to loss of housing. Is your name on the lease/deed? _____

Do you help pay the rent/house payment? _____

Other (Please explain): _____

Please check each area in which help is needed:

Emergency Assistance

School of Origin

Residency/Records Requirements

Out-of-Zone Transportation

More Information about McKinney-Vento

Free School Meals

Tutoring/Remedial Services

School Supplies

Hygiene Supplies

Information about Community Resources

Counseling

Other Needs: _____

Anything else we should know, such as additional information about living circumstances or needs?

Presenting a false record or falsifying records is an offense under Section 37.10, Penal code, and enrollment of the child under false documents subjects the person to liability for tuition or other costs. TEC Sec. 25.002 (3) (d).

Your Name: _____ Circle: Parent/Guardian Unaccompanied Youth Other

Your Signature: _____ Date: _____

School Official: **IMMEDIATELY** fax (706-812-7923) or email a copy of this form to the district M-V liaison; **VERIFY** receipt of form. The school-level M-V contact should keep the original copy.

M-V Liaison's Initials: _____ Date Received by the M-V Liaison: _____ Form Revised: 11.8.16