

McKinney-Vento Needs Assessment

This questionnaire is intended to address the McKinney-Vento Act, U.S.C.A. 42 Section 11302(a). Your answers will help the school district determine whether the student named below qualifies for additional services.

1. **Read options in Section A and B before answering:** Presently, where is the student living?

Section A	Section B
<ul style="list-style-type: none"> <input type="checkbox"/> In a shelter <input type="checkbox"/> In a motel or hotel <input type="checkbox"/> In a transitional housing program <input type="checkbox"/> In a car, trailer or campsite <input type="checkbox"/> In a rented trailer/motor home on private property <input type="checkbox"/> Multiple family members living in a single room <input type="checkbox"/> In a garage <input type="checkbox"/> Temporarily in another family's house or apartment due to loss of housing <input type="checkbox"/> Temporarily with an adult that is not the parent/legal guardian due to loss of housing <input type="checkbox"/> Foster child awaiting placement <input type="checkbox"/> Other _____ <div style="text-align: center; margin-top: 10px;"> </div> <p>CONTINUE: <i>If you have checked a box in this section, complete both sides of this form and submit to school personnel.</i></p>	<ul style="list-style-type: none"> <input type="checkbox"/> I choose not to state my living situation <input type="checkbox"/> Rent or own apartment, house condominium, or mobile home <input type="checkbox"/> Choices in Section A do not apply <div style="text-align: center; margin-top: 20px;"> </div> <p>STOP: <i>If you have checked this section, you do <u>not</u> need to complete the remainder of this form - submit to school personnel.</i></p>

Date: _____ School: _____ Grade: _____

2. Student Name: _____ Birth Date: _____ Male/ Female

Student's Current Address: _____
Street Address City Zip

Home Telephone: _____ Cell Phone: _____

3. **Student lives with:**

- 1 parent- Name: _____ a relative- Name: _____
- 2 parents- Names: _____
- 1 parent & another adult - Names: _____
- legal guardian - Name: _____ alone with no adults
- an adult that is not the parent or legal guardian - Name: _____

Address of parent/ legal guardian/ or adult that student lives with if different from student's address above.
 Mail may be received at this address:

Street Address City Zip

Home #: _____ Cell #: _____ Work #: _____



4. Siblings living with student from birth to 18 years old:

Name	Birth Date	Age	Grade	School of Attendance	City

SUCCESS IN SCHOOL ASSESSMENT

Services Provided

5. Please indicate any reasons why it may be difficult for your child to be successful in school:

(For office use only)

- It is difficult getting my child to school everyday. _____
- My child does not have the proper clothing/ uniforms for school. _____
- My child does not have needed school supplies to complete school & homework/ projects. _____
- I cannot provide the necessary medical records for my child's school. _____
- My child and I are having difficulty coping with our current living situation. _____
- I don't have needed before/ after school child care for my school-age child. _____
- I am having difficulty meeting basic needs (i.e. hygiene/ toiletries, blankets, etc.). _____
- My child's grades are declining. _____
- I need help accessing community resources (housing assistance, food banks, counseling, etc.) _____
- Other: _____

Under the McKinney-Vento Act of 2016 of the Every Child Succeeds Act, children in transitional situations have the right to:

1. go to school, even if they do not have a permanent address
2. immediate enrollment, even if missing records and documents normally required for enrollment
3. choose to attend either
 - (a) their school of origin – the school attended when permanently housed or the last school of attendance
 - (b) the school in the attendance area where the student is temporarily living
4. enroll, attend classes, and fully participate in all school activities while the school arranges for the transfer of records
5. receive transportation to and from the school of origin (in the best interest of the child)
6. automatic eligibility for free school meals
7. have access to the same services and programs that are available to all other students

AFFIDAVIT

By signing this form, I declare under penalty of the laws of California that the foregoing is true and correct and of my own personal knowledge and that if called upon to testify, I would be competent to testify as to the truth of the answers provided. In addition, I understand that the district reserves the right to verify that the student resides at the address listed.

Signature of Parent/ Legal Guardian/ Caretaker: _____ Date _____

Printed Name of Parent/ Legal Guardian/ Caretaker: _____

For School Office Use

Registrar: Enroll the student and send this form to Shannon Tobias at Murrieta Canyon Academy/ Breakthrough if any items in Section A are checked.

Questions? Call Shannon Tobias at extension 5071.