



WATERVILLE PUBLIC SCHOOLS MCKINNEY-VENTO SCREENING FORM

This form is completed by a parent/guardian or their designee.

The information on this form is required to meet the Education for Homeless Children and Youth (EHCY) authorized under Title VII-B of the McKinney-Vento Homeless Assistance Act, also known as the McKinney Vento Act. Information provided is for educational purposes and is protected as an educational record under the Federal Educational Rights and Privacy Act (FERPA). In order to provide the best services for the impacted student(s), it is imperative that information is thorough and truthful. Presenting false information may subject the provider to liability for tuition and other costs.

Name of Student(s)	Date of Birth	School	Grade

Please check the box or boxes that best describe where the student is currently staying:

- ☐ In a home or apartment that the student's parent/guardian owns or is renting
- ☐ In a home or apartment of friends, relatives, or others
- ☐ At a hotel or motel
- ☐ At a shelter
- ☐ In a car, tent, park, abandoned building, or public place
- ☐ In transitional housing or independent living program
- ☐ Other (please describe): _____

Please check the box or boxes that best describe with whom the student resides:

- ☐ Parent(s)
- ☐ Legal Guardian(s)
- ☐ A person or persons who are not legal guardians (examples might include friends, neighbors, relatives, parents of other youth, etc.)
- ☐ Student is on their own without an adult caretaker (Unaccompanied youth)
- ☐ Other (please describe): _____

Provide information below about where the student currently resides or spends most of their time outside of school.

Address: 1sKiesow Lane	Town:
Owner/Renter:	Phone: :#:
Do you have a mortgage or lease on any property?	
How long can you/your student expect to stay at the current address?	
Where would you go if you couldn't stay here?	
Do you/your student stay here every night?	
Where else do you/your student stay?	
How many people typically stay overnight at the home?	

Please provide any additional details about the student's living arrangement(s) or needs:



How many bedrooms/bathrooms are available?	
Does the home have working heat, power, and plumbing?	
Are you aware of any dangers in home (abuse, drugs, etc.)?	

Person Submitting Form:	Cell Phone:
Relationship to Student:	Email: