

McKinney-Vento Identification

School District Name: Cripple Creek-Victor School Dist. RE-1

Your child may be eligible for educational services through the McKinney-Vento Act.

Eligibility is based on the current primary nighttime residence and can be determined by completing this questionnaire.

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

- Staying in shelter
- Sharing the housing of others due to loss of housing, economic hardship or natural disaster.
- Living in a car, park, campground, public space, abandoned building, substandard housing or similar.
- Temporarily living in a motel or hotel due to loss of housing, economic hardship or similar reason.

2. Presently, is the student in the physical custody of a parent or guardian? Check one box.

- Student is in the physical custody of a parent or guardian
- Student is not in the physical custody of a parent or guardian (unaccompanied youth)
- Section 1 does 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

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).

Print Parent/Guardian Name Signature Date

(Area Code) Phone number Street Address City State Zip

School Use Only

- Copy of this form was sent to the District's Homeless Education Liaison. (Insert name and contact information for the District Liaison)
- Upon approval by the District's Homeless Education Liaison, a copy of this form was sent to Food and Nutrition Services for immediate access to free school meals.

Based on the above information, I attest that to the best of my knowledge that the students listed above are eligible for benefits under the McKinney-Vento Act (Subtitle B, Sect. 725) of July 1, 2002:

School Advocate or Administrator:

Print Advocate or School Administrator Name and Title Signature Date

District McKinney-Vento Homeless Education Liaison:

Print District Liaison Name *(required)* Signature *(required)* Date *(required)*