

**Educational Eligibility for Household Services**

**CANON CITY SCHOOLS (FREMONT 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

The undersigned certifies that according to information provided above, the students listed meet the definition of "Homeless" as stated in the McKinney-Vento Act (Subtitle B, Sect. 725) of July 1, 2002.

**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. Please send to Office of Special Services. ATTN: Lynnette or Raynette
- 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.

**School Advocate or Administrator:** Based on the above information and a brief interview with this family, I attest that to the best of my knowledge they are eligible for benefits under the McKinney-Vento Act:

**Print** Advocate or School Administrator Name (required) Title Signature (required) Date

District Homeless Education Liaison:

Lynnette Steinhoff

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