

The questionnaire is for services only and parents are not required to complete or submit, but, by law, a copy is given to every student within the Cocke County School System.

**District School Board of Cocke County
Questionnaire: Student/Family Domicile**

Your child may be eligible for additional educational services through Title I Part A, Title I Part C-Migrant, and/or Federal McKinney-Vento Assistance. Eligibility can be determined by completing this questionnaire.

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

A. Staying in shelter, FEMA trailer, or waiting for foster care placement.

B. Sharing the housing of others due to loss of housing, economic hardship, similar reason; doubled-up.

D. Living in a car, park, campground, public space, abandoned building, substandard housing or similar.

E. Temporarily living in a motel or hotel due to loss of housing, economic hardship or similar reason.

U. Unknown nighttime residence.

2. Unaccompanied Youth: not in the physical custody of a parent or guardian Check one box.

Y. Student(s) is with an adult that is not a parent or legal guardian, or alone without an adult.

N. Student does not meet the definition of "Unaccompanied youth".

3. Have you moved in the past 3 years to seek work as a paid laborer in any type of farming (sod, dairy, chicken, vegetable, citrus, or other) or fishing? (Check one) Yes No

1, 2 or 3 do 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			M/F	D.O.B.	Grade	School Name
First	Middle	Last				

The undersigned certifies that according to information provided above, the students listed meet the definition of "Homeless" as stated in the McKinney-Vento Homeless Assistance Act (Subtitle B-Education for Homeless Children and Youth) reauthorized in January 2002.

Print Parent/Guardian Name Signature Date

(Area Code) Phone number Street Address City State Zip

School Use Only

- Free or Reduced Price Meals form submitted
- Request "Known Needy" Status
- Free or Reduced Meals not requested.

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

- Copies to:** 1. School Data Entry Person for TERMS & Food and Nutrition Service Manager 4. EHCY Program @ PVES if applicable
 2. D.O. Food and Nutrition Svce 3. Student's Cumulative Record 5. Title I Migrant Office if applicable 5/05