

Community Learning Center Schools

McKinney-Vento Homeless Assistance Act

Declaration Form

I declare that my family meets one of the following conditions for the McKinney-Vento Homeless Assistance Act: (Please check all that apply)

- Lack a fixed, regular nighttime residence
- Live with a friend or relative because I cannot afford housing (Doubled-up)
- Live in a motel / hotel
- Live in an emergency shelter, transitional shelter, or domestic violence shelter
- Live in a car, trailer, park, or campground
- Other

Name of Parent / Guardian: _____

Address / Current Location: _____

Phone: (_____) _____ Cell: (_____) _____

Emergency Contact: _____ Phone: (_____) _____

Please list the full name of each child below and the corresponding school site.

Student	Birth Date	School	Grade

Signature of Parent / Guardian

Date

For office use only:

Entered information in AIMS – information for student(s) at your site only.

Signature of person entering information _____

Date _____