



**Chesterfield County Public Schools  
Student Support Services**

**13900 Hull Street Road  
Midlothian VA 23112**

**Phone: 804-639-8713  
Fax: 804-739-6237**

**McKinney-Vento Eligibility Assessment  
School Year 2020-2021**

This form is used to help determine eligibility under the McKinney-Vento Homeless Assistance Act. A student may qualify for McKinney-Vento services if living in certain situations. The information provided will assist in determining services the student may be eligible to receive. It is confidential and will be for school use **ONLY**.

School \_\_\_\_\_ Date \_\_\_\_\_

Student Name \_\_\_\_\_ Age \_\_\_\_\_ Gender \_\_\_\_\_  
(Last) (First) (Middle)

Date of Birth \_\_\_\_\_ Student ID Number \_\_\_\_\_ Grade \_\_\_\_\_

Student's Current Temporary Address \_\_\_\_\_

Does the student live with their parent(s) or court appointed legal guardian? Yes No  
If not, who does the student live with:  
Name \_\_\_\_\_ Relation \_\_\_\_\_ Phone \_\_\_\_\_

**Please list all pre-school and school age siblings residing with student:**

Name	Age	DOB	School	Student ID #	Grade

**Students' current living arrangement:**

Sharing the housing of another due to loss of housing, economic hardship or a similar reason  
Do you contribute financially to the household? No Yes – **please explain:** \_\_\_\_\_  
\_\_\_\_\_

Hotel/Motel – Name of Hotel/Motel \_\_\_\_\_ Room # \_\_\_\_\_

Shelter – Name of Shelter \_\_\_\_\_

Space not meant for housing (car, park, campsite, public space, etc.)

Inadequate housing (no electricity, running water, etc.)

Other - **please explain:** \_\_\_\_\_

How long has the student(s) lived at this temporary address? \_\_\_\_\_

**Why does the student(s) live in the above situation:**

- Loss of housing due to eviction or foreclosure     Financial hardship (loss of job, unable to pay rent, etc.)
- Asked to leave by parent/guardian/caregiver     Domestic violence
- Natural disaster (hurricane, flood, tornado, etc.)     Other \_\_\_\_\_

When did the loss of housing/financial hardship occur? \_\_\_\_\_

Does the student need assistance obtaining records normally required for enrollment?     Yes     No

Are alternate transportation services needed?     Yes     No (only necessary if student lives **out** of school zone)

Does the student receive transportation services as part of an IEP or ESOL services?     Yes     No

**NOTE TO STUDENTS AND FAMILIES WHO QUALIFY FOR MCKINNEY-VENTO SERVICES:**

- McKinney-Vento eligibility does not carry over from one school year to the next. You ***must complete a new McKinney-Vento Eligibility Assessment form every school year.***
- Students can remain at their school of origin for this school year as long as that continues to be in their best interest. Regular school attendance is a key to academic success and one of the primary factors used in reviewing best interest. **Please contact the McKinney-Vento office at 804-639-8713 if your transportation needs change at any time during the school year. Please notify the school if you move.**
- Attendance will be reviewed regularly. ***If attendance is not satisfactory or there are excessive tardies or early dismissals then the student may have to transfer to his/her zoned school following consultation between the parent and school division.***

**SIGNATURES**

My signature below indicates that I have received a copy of my rights and responsibilities under the McKinney-Vento Act and the information has been explained to me. I affirm that the information provided on this form is true and accurate to the best of my knowledge or belief. I understand that enrolling a child in a Virginia public school under false pretenses is punishable by law.

Name of Parent/Guardian/Youth (Printed)	Signature	Date
Phone _____	Alternate Phone _____	Email _____

My signature below indicates that I have provided this parent and/or student with information detailing the rights of students under the McKinney-Vento Act.

Name of School District Employee (Printed)	Signature	Date
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***\*Send the completed forms to Lisa Simes, MV Support Specialist (lisa\_simes@ccpsnet.net or fax 804-739-6237); place a copy in the school social workers box in a sealed envelope and forward a copy to sibling(s) school(s).***

**MCKINNEY-VENTO PROGRAM USE ONLY**

- Student(s) MEETS criteria for McKinney-Vento Program     Student(s) DOES NOT MEET criteria for McKinney-Vento Program
- Entered on Student Nutrition Spreadsheet     Family Notified of Dispute Process

\_\_\_\_\_  
McKinney-Vento Support Specialist Signature

\_\_\_\_\_  
Date