

IF SECTION 2 APPLIES TO YOU, PLEASE COMPLETE THIS FORM



**CLOVIS MUNICIPAL SCHOOLS
FEDERAL PROGRAMS
P O BOX 19000
CLOVIS NM 88102
(575) 769-4328
FAX (575)769-4826**

**QUESTIONNAIRE TO
DETERMINE
ELIGIBILITY**

**McKinney-Vento
Homeless Assistance
Improvements Act**



**NEW MEXICO SCHOOLS ARE
REQUIRED TO KEEP A FILE OF
COMPLETED QUESTIONNAIRES
FOR EACH SCHOOL YEAR. PLEASE
RETURN ORIGINAL TO FEDERAL
PROGRAMS AND GIVE A COPY
TO YOUR SCHOOL'S FAMILY
SERVICES SPECIALIST.**

NAME OF STUDENT(S): _____ SCHOOL: _____
 _____ SCHOOL: _____
 _____ SCHOOL: _____
 _____ SCHOOL: _____

Section 1) Action Requested: (A copy of this form must be attached to each of the following forms if applicable)

- Enrollment Geographical Exception Withdraw or Transfer Free/Reduced-Price Meals Transportation to/from School

Section 2) Does the student/parent/guardian: (Check the box that applies – you may be eligible for services)

- Live with friends of family due to loss of housing or economic hardship
- Live on the beach, at a campground, in a park, or in a hotel _____
location
- Live in a tent, car, or bus, or other non-permanent structure _____
location
- Live in a domestic violence shelter
- Live in an emergency or traditional shelter _____
location
- Have no regular place to stay at night.
- The student is an unaccompanied youth _____
age

 Parent/Guardian Signature Print Name Date

Current Address City (Area Code) Phone Number

School personnel are to assist the parent, guardian or unaccompanied youth with the completion of the McKinney-Vento Act (MVA) School Packet. Please contact the Family Services Specialist for your school for further assistance.

_____ Print Name Date
 CMS Family Services Representative's Signature

DATE STATUS TERMINATED _____ NEW PERMANENT ADDRESS _____
 All collected information will only be used for the purposes of providing educational services pursuant to the McKinney-Vento Act and is protected by Federal and State Laws.

