



McKinney-Vento Act Student Survey

Date: _____

First Name: _____ M.I. _____ Last Name: _____

Campus: _____ Student ID : _____

Birthdate: _____ Grade: _____

Last School Attended: _____ Last District Attended: _____

Do you have children between the ages of:

0-2 years old: _____ 3-5 years old (not enrolled in school): _____

Address where student sleeps at night (street address, apartment#, city and zip):

How long has the student been at this address? _____

Main Phone Number: _____ Alternate Number: _____

Name of Emergency Contact: _____ Relation: _____

Comments: _____

Check One:

Not Homeless Shelter Doubled-Up Unsheltered Motel/Hotel

Signature of Parent/Legal Guardian: _____ Date: _____

McKinney-Vento Liaison Signature: _____ Date: _____

Please e-mail a copy to Erica Garcia, McKinney-Vento representative at the Parental Involvement Office
Email: ersaenz@wisd.us Phone Number: (956)969-6600

The information on this form is required to meet requirements set forth in the McKinney-Vento Act 42 U.S.C. 11434a(2), which is also known as Title X, Part C, of the No child Left Behind Act. Presenting a false record or falsifying records is an offense under Section 37.10, Penal code, and enrollment of the child under false documents subjects the person to liability for tuition or other costs. Texas Education Code Sec. 25.002(3)(d).



“X” all boxes below that best describe where the student sleeps at night, leave those blank that do not apply:

| | |
|--|---|
| | In a home that the student’s parent or legal guardian owns or rents (C189=0) |
| | In a place that does not have windows, doors, running water, heat, electricity, or is overcrowded (C189=3) |
| | Staying with a friend or relative because of loss of housing, economic hardship, or a similar reason (C189=2) <i>(Examples: eviction, foreclosure, fire, flood, lost job, divorce, domestic violence, kicked out by parents, ran away from home)</i> |
| | In a shelter (C189=1) <i>(Examples: living in a family shelter, domestic violence shelter, children/youth shelter, FEMA housing)</i> |
| | In an unsheltered location, such as: <ul style="list-style-type: none"> • a tent • a car or truck • a van • an abandoned building • on the streets • at a campground • in the park • in a bus or train station • other similar place (C189=3) |
| | In a hotel or motel because of loss of housing or economic hardship (C189=4) <i>(Examples: eviction, foreclosure, cannot get deposits for permanent home, flood, fire, hurricane)</i> |
| | In a transitional housing program (C189=1) <i>(Housing that is available as part of a program for a specific length of time only and is partly or completely paid for by a church, a nonprofit organization, governmental agency, or another organization)</i> |
| | The student does not sleep in any of the places described above. Tell below where the student does sleep: <i>(FOR DISTRICT INFORMATION ONLY: this option is uncoded for PEIMS. If a student selects this option, the school must determine which category above is appropriate for describing where the student sleeps at night. There is no code for OTHER—all students must fall into one of the five categories listed on Homeless-Status-Code Table C189)</i> |
| | The student sleeps here because of a natural disaster. “X” the type of disaster below and provide the requested information: ___ Hurricane--Name of hurricane: _____ ___ Flood ___ Tornado ___ Wildfire ___ Other—Please describe: _____ Date the natural disaster took place: _____ Where the natural disaster took place, including county: _____ |



Provide the following information for school-age siblings (brothers and/or sisters) of the student:

| Last Name | First Name | Brother or Sister | Stay at the same place (X) | Grade | School | District |
|-----------|------------|-------------------|----------------------------|-------|--------|----------|
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List all the other school-aged children that stay in the same place

| Last Name | First Name | Grade | School | District |
|-----------|------------|-------|--------|----------|
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| | | | | |

Signature of Person Providing Information
Parent/Legal Guardian/Caregiver/Unaccompanied Student

Date

For School Use Only

I certify the above names student qualifies for the Child Nutrition Program under the provisions of the McKinney-Vento Act.

Campus McKinney-Vento Liaison Signature

Date