



JACKSON PUBLIC SCHOOLS



This form is intended to address the *McKinney-Vento Homeless Assistance Act* under the guidelines of the No Child Left Behind Act of 2001. Your answers will help the administrator determine the supplemental needs of the student. **(Complete one form per student).**

1. Presently, where is the student living?

Section A (Living Arrangements) Check one box	Section B (Student's Supplemental Needs)
<input type="checkbox"/> in a shelter/Transitional Housing <input type="checkbox"/> temporarily, with more than one family in a house or apartment due to economic hardship or loss of housing <input type="checkbox"/> in a motel/hotel, car or campsite <input type="checkbox"/> unsheltered (on the street, car, park or abandoned building)	<input type="checkbox"/> Transportation to and from school <input type="checkbox"/> Tutoring <input type="checkbox"/> Personal Hygiene Items <input type="checkbox"/> Clothing <input type="checkbox"/> Counseling <input type="checkbox"/> Other: _____
<p>CONTINUE: If you checked a box in Section A, complete Section B and the remainder of this form.</p> <p>STOP: If you did not check a box in this section, you do not need to complete this form.</p>	

2. The student lives with:

- | | |
|---|--|
| <input type="checkbox"/> 1 parent | <input type="checkbox"/> a relative, friend(s) or other adult(s) |
| <input type="checkbox"/> 2 parents | <input type="checkbox"/> alone with no adults (Unaccompanied Youth) |
| <input type="checkbox"/> 1 parent & another adult | <input type="checkbox"/> an adult that is not the parent or the legal guardian |
| | <input type="checkbox"/> Foster Parents (Date of Placement _____) |

School: _____

Student's Name: _____ Male Female

Date of Birth: ____/____/____ Age: _____ Grade: _____ Ethnicity: _____

Name of Parent/Legal Guardian: _____ Phone: _____

Address: _____

Signature of Parent/Legal Guardian: _____ Date: _____

For any choices selected in **Section A**, this form must be completed and faxed (517-990-0556) to Jackson Public Schools' Homeless Liaison (Willye Pigott) immediately after completion. Original forms are kept (in the school) separate from the student's CA 60 for audit purposes during the school year.

Name and phone number of a school contact person who may know of the family's situation:

Name: _____ Phone: _____ Date faxed: _____

It is the policy of the Jackson Public Schools District that no discriminatory practices based on sex, race, color, national origin, religion, height, weight, marital status, handicap, age, political affiliation, sexual orientation or disability or any other status covered by federal, state or local law be allowed in providing instructional opportunities, programs, services, job placement assistance, employment or in policies governing student conduct and attendance. Any person suspecting a discriminatory practice should contact the Human Resources Office at Jackson Public Schools, 522 Wildwood Avenue, Jackson, Michigan 49201 or call (517) 841-2153.