Return Completed Form

BREMEN CITY SCHOOLS

Migrant and /or McKinney – Vento Homeless Assistance Improvements Act Questionnaire

This questionnaire is intended to address Title I Part C-Migrant and /or the McKinney-Vento Act 42 U>S>C> 11435. The answers to this questionnaire help determine the services a student may be eligible to receive.
ALL INFORMATION IS CONFIDENTIAL

Student Name: _____

Student Address: _____

School Name: _____ **Grade:** _____

What is the primary language spoken in your home? _____

Has your family moved in order to work in another city, county, or state, in the last three (3) years? ☐**Yes** ☐**No**

If so, what is the date your family arrived in the city/town you reside? _____

Has anyone in your immediate family been involved in one of the following occupations, either full or part-time or temporarily during the last three (3) years? (Check all that apply)

☐**1) Agriculture: planting/picking vegetables or fruits such as tomatoes, squash, grapes, onions, strawberries, blueberries, etc**
☐**2) Planting, growing, or cutting trees (pulpwood)/raking pine straw**
☐**3) Processing/packing agricultural products**
☐**4) Dairy/Poultry/Livestock**
☐**5) Meatpacking/Meat processing/Seafood**
☐**6) Fishing or fish farms**
☐**7) Other (Please specify occupation):** _____

Is your current address a temporary living arrangement? ☐Yes ☐No

IF YOUR ANSWER IS NO – PLEASE STOP HERE

Is this temporary living arrangement due to loss of housing or economic hardship? ☐Yes ☐No

IF YOUR ANSWER IS NO – PLEASE STOP HERE

☐ **Student is living with an adult that is not a parent or legal guardian or living alone without an adult. (Please enter address where student lives on line above)**

Where is the student presently living? (Check one box)
☐**In a Motel**
☐**In a shelter, or waiting for foster care placement**
☐**With more than one family in a house or apartment**
☐**Moving from place to place. Unknown night-time residence.**
☐**In a place not designed for ordinary sleeping accommodations such as a car, park, or campsite**

Parent/Legal Guardian Name: _____
Address: _____ **Phone:** _____

Presenting false record or falsifying statements or writings may be considered fraud or abuse and could cause legal action. The person shall be liable for tuition or other cost in certain cases.

Signature of Parent/Legal Guardian _____ **Date:** _____

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

_____ _____
McKinney-Vento Liaison Signature **Date**