New Bedford Public Schools
McKinney-Vento Eligibility Questionnaire

Student’s name: ____________________________________________ DOB: ___________ Grade____

This questionnaire is intended to address the McKinney-Vento Act 42 U.S.C. 11435. The answers to this residency information will help us to determine the services your child may be eligible to receive.

1. Is your current address a temporary/emergency living arrangement? Yes____ No____

2. Is this living arrangement due to loss of housing, economic hardship or similar reasons? Yes____ No____

If you answered YES to the above questions, please complete the remainder of this form. If you answered NO, you may stop here.

Where is the student presently living? (Check one box.)

☐ In a motel

☐ In a shelter

☐ With a family member, friend or acquaintance

☐ Moving from place to place

☐ In a place not designed for ordinary sleeping accommodations (ex. car, park, campsite, basement, floor, living room)

☐ Other____________________

Name of Parent(s)/Legal Guardians(s)________________________________________
Address__________________________________________ Phone______________

Signature of Parent/Legal Guardian__________________________________________ Date____________

Office Use Only

FWC McKinney-Vento PSS Signature: ____________________________ Date: ________________

Code: A B C D E F

Revised 10/22/15-CH