



Federal Programs Supportive Services Form

Please answer the questions below, sign and date at the bottom. Your family may qualify for special services. A liaison will contact you with information if you are eligible for any of these services. Thank you.

Parent/Guardian Name: _____ Current Phone Number: _____

1. Do you currently own or rent your home?
 YES NO

2. Have you moved into Adams County in the last 3 years?
 YES NO

If **NO**, please complete **Column A** below.

If **YES**, please complete **Column B** below.

Column A	Column B
<p>Housing Crisis Services</p> <p>Under the McKinney-Vento Act, students experiencing housing crisis have the right to immediately enroll in their attendance area public school, even if they do not have the documents required for enrollment. Alternately, they may continue to attend their school of origin. You can be considered in a <u>housing crisis</u> if your living situation is one of the following, please check the boxes that apply:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Shelter <input type="checkbox"/> Motel <input type="checkbox"/> Transitional Housing (2) year program <input type="checkbox"/> Living with family or friends for less than a year <input type="checkbox"/> Inadequate Housing (no Kitchen or Bath) <input type="checkbox"/> Unsheltered <input type="checkbox"/> Unaccompanied youth (not in custody of Parent/guardian) <input type="checkbox"/> Natural Disaster <p><i>This Questionnaire supports McKinney-Vento Homeless Assistance Improvement Act, 42 U.S.C. 11435. All information obtained for this purpose will remain confidential. Under penalty of perjury under the laws of this state, I declare that the information provided here is true and correct and of my own personal knowledge and that, if called upon to testify, I would be competent to do so.</i></p>	<p>Metro Migrant Education Programs</p> <p>If you moved to Adams County in the past three years, did you look for work in any of the following areas? Please check all the areas that apply.</p> <ul style="list-style-type: none"> <input type="checkbox"/> Vegetables/fruits/seeds (including canning and packaging) <input type="checkbox"/> Farm/ranch (including dairy & sod) <input type="checkbox"/> Meat packing plant/slaughter house <input type="checkbox"/> Poultry/egg plant <input type="checkbox"/> Greenhouse/ nursery <input type="checkbox"/> Orchards <input type="checkbox"/> Christmas tree processing/forestry <input type="checkbox"/> Other agricultural business: _____

Name of student(s): _____

Student ID numbers: _____

Parent/Guardian Signature _____ Date: _____

School Front Office: Please make sure the form is **fully completed** and return it to Mary Ann Mosquera within one week.