

## MCKINNEY-VENTO HOMELESS EDUCATION PROGRAM ENROLLMENT FORM

This form will be used by the Omaha Public Schools to determine eligibility for the Homeless Education Program; to include school placement, transportation, free lunch, address update/change and release of information; as outlined by the McKinney Vento Homeless Education Act.

The application will be reviewed by the Homeless Education Liaison. Parents and Staff will be contacted by the Liaison regarding eligibility for program participation, transportation options, and related information.

**DATE SUBMITTED:** \_\_\_\_\_

**PARENT(S)/GUARDIAN(S):** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Prior Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Current Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**How long have you resided at this address:** \_\_\_\_\_

**My current address is:** ☐ Temporary

**Duration:** ☐ Up to 2 months ☐ 2-6 months ☐ 6 months-1 year ☐ 1-2 years ☐ Indefinite

Student Name	DOB	Student ID	GRADE	M/F	RACE	SPED	CURRENT SCHOOL	REQUESTED SCHOOL

**Details of Circumstance:** Check the box that best describes the current Family Residence:

☐ Family is residing in a shelter/agency: \_\_\_\_\_

☐ Family is residing in a hotel/agency: \_\_\_\_\_

☐ Family is residing in temporary situation other than shelter/agency, hotel/motel: \_\_\_\_\_

Answer **ONLY IF** #2 or #3 above was checked:

1. Briefly describe the circumstances that led to the family's current residential situation.

2. Plans for securing permanent housing.

3. If the family is Doubled Up: with another family; does this family provide financial support to the household?

☐ Yes ☐ No ☐ Unknown

**OTHER INFORMATION:**

Student's school schedule: \_\_\_\_\_

Does the student participate in after-school activities/ requesting late bus? \_\_\_\_\_

Is the student transported by daycare in PM or AM? \_\_\_\_\_

Is the student transported by SPED Transportation? \_\_\_\_\_

Is the parent willing to have student(s) ride MAT Busing (with or without parent/guardian along)?

☐ Yes ☐ No

**Other Comments:**

**Completed By (Staff):** \_\_\_\_\_ **Date:** \_\_\_\_\_

NOTE: Fax or Email to Rachel Evans/OPS Homeless Education Program

P: 531-299-6560 – Email: [rachel.evans@ops.org](mailto:rachel.evans@ops.org) – Fax: 531-299-0397

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