

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 / Agencies will be contacted by the Liaison regarding eligibility for program participation, transportation options and related information.

PARENT/STUDENT INFORMATION:

DATE SUBMITTED _____

PARENT(S)/GUARDIAN(S) _____ PHONE # _____

CURRENT ADDRESS _____ CITY _____ STATE _____ ZIP _____

PRIOR ADDRESS (most recent) _____ CITY _____ STATE _____ ZIP _____

CHECK ONE: My current address is: Permanent Temporary: If *TEMPORARY*; estimated duration at address will be:
 up to 2 months 2-6 months 6 months – 1 year 1-2 years Indefinite

STUDENT NAME	* DOB	OPS PERM. # IF KNOWN	GR.	* M/F	* RACE	* SPED	CURRENT SCHOOL (OR LAST SCHOOL ATTENDED)	REQUESTED SCHOOL

**Not necessary if student currently attends OPS*

DETAILS OF CIRCUMSTANCES:

A. CHECK THE SECTION THAT BEST DESCRIBES THE CURRENT FAMILY RESIDENCE:

(1) Family residing in a shelter/agency: _____

* (2) Family residing in a hotel or motel: _____

* (3) Family residing in temporary situation other than shelter, agency, hotel or motel: _____

B. *ANSWER **ONLY IF** #2 OR #3 ABOVE WAS CHECKED

(1) Briefly describe the circumstances that led to the family’s current residential situation (*use reverse side if needed*):

(2) Plans for securing permanent housing:

(3) If this family is “DOUBLED-UP” with another family; does this family provide financial support to the household?
 UNKNOWN NO YES NOTES: _____

OTHER PERTINENT INFORMATION:

A. Is parent willing to have student(s) ride MAT Busing (either w/ or w/ out parent along)? YES NO
 If applicable; can parent or entrusted adult in the living situation accompany student(s) on MAT Bus in A.M. and P.M.?
 YES NO
 If YES, Name/Relationship/Phone # if other than parent/guardian: _____

B. OTHER INFO (*use reverse side if needed*):

CONFIRMATION OF INFORMATION:

COMPLETED BY (staff) _____ DATE _____