

McKinney-Vento Eligibility Assessment

This assessment is used to gather information to determine eligibility under the McKinney-Vento Homeless Assistance Act. This federal legislation protects the rights of children and youth who **lack a fixed, regular, adequate** nighttime residence, including migrant and unaccompanied youth. It grants immediate enrollment **ONLY** at the school of origin or the attendance boundary zoned school. If a parent self-reports homelessness or is unable to provide residency documentation, this form must be used to determine if McKinney-Vento eligibility is met. If a student has **resided at the same address for more than 2 consecutive years**, excluding hotel/motel, their residence is considered regular; therefore, they are **ineligible** for McKinney-Vento services under that category; however, eligibility may be met due to lacking adequate housing. If there is a dispute, please contact the Homeless Education Liaison for guidance. **Note:** Home visits to verify residence for students claiming McKinney-Vento eligibility are **NOT** permitted.

STUDENT NAME	STUDENT NUMBER	GRADE	DOB	AGE
SCHOOL NAME	SCHOOL SOCIAL WORKER			
PARENT/LEGAL GUARDIAN/HOST (Head of Household in which an Unaccompanied Youth resides)				
CURRENT ADDRESS (If the student is sleeping in a car, what is the address where the car was parked last night?)			How long has the student lived at this address?	

Background Information:

1. Did the student experience a loss of housing this school year? ___ Yes ___ No (If “No” is selected, please STOP here.)

1a. If yes, what is the date the housing was lost and the address of the housing lost?

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Month Date Year Address

1b. What led to the loss of housing?

2. Did the student recently relocate to Hillsborough County? ___ Yes ___ No

If yes, explain the reason for relocation:

3. What school did the student attend prior to experiencing a loss of housing?

School name:

4. Is this student an Unaccompanied Youth? (Not living with a parent or legal guardian) ___ Yes ___ No

4a. When did the Unaccompanied Youth begin living at the current address?

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Month Date Year

5. Do you have other school-age children affected by the loss of housing? ___ No ___ Yes (Please inform the school social worker)

Eligibility Determination (Office Use Only):

Yes ___ Parent must be provided Form B for immediate enrollment and a Homeless Education and Literacy Program (H.E.L.P) Parent Folder.
No ___ Parent must be advised of their right to dispute the determination by contacting the H.E.L.P Office at (813) 315-4357.

Name of school staff making the determination:	Date:
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