

Guilford County Schools
McKinney-Vento / Families in Transition Housing Questionnaire & Referral Form
(Use separate form for each student)

Are you experiencing housing instability?

Answering the following questions help determine educational services your student may be eligible to receive under the McKinney-Vento Act 42 U.S.C. 11435. The McKinney-Vento Act provides services and supports for children and youth experiencing homelessness. Please write student's name and school on the bottom of each page.

Date _____

Student Name: _____
Last First Middle

Gender: ___ Male ___ Female Date of Birth _____ Age _____

GCS Student ID: _____ Current School _____ Grade (2023-24 SY) _____

ETHNICITY: (Must select one) Hispanic/Latino Not Hispanic/Latino **Does the student have and IEP or 504?** ___ IEP ___ 504

Race: (Must select at least one) Black/African America Asian White American Indian/Alaska Native
 Native Hawaiian/Pacific Islander

Check the boxes that best describes with who the student resides: (*Note: legal guardianship may be granted only by a court.*)

Parent(s) Legal Gaudian Caregivers who are not the legal guardian Unaccompanied Youth

Parent/Guardian Information (If student is unaccompanied skip parent/guardian name but complete address information)

Name of person with who students resides (first and last) _____

Current Address _____ City _____ Zip Code _____

Is this a shelter, transitional housing or hotel? If so, please provide the name. _____

Student Name: _____ **School Name:** _____

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Email address _____ Phone Number _____

Mailing Address _____ City _____ Zip Code _____

Preferred methods of communication (You can select more than one): Phone calls Mail Email Text

Do you need an interpreter? If so, what language? _____

Please provide the following information for any other children in the home, not attending a GCS school that range from birth to 21-year-old.

| Student Name | Age | Birthdate | Gender | Race | School Name | Grade |
|--------------|-----|-----------|--------|------|-------------|-------|
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

School Selection:

I wish to have my child continue in his/her current school for the 2023-24 school year.

Current School (school of origin) _____

I wish to enroll my child at the new school for the address at which I am currently staying.

School of New Residence _____

I have become permanently housed after the first day of school and would like for my child to complete the school year at:

Current School _____

School of New Residence _____

Student Name: _____ **School Name:** _____

Student falls under families in transition due to: *(Check all the apply)*

| | |
|--|--|
| <input type="checkbox"/> Sharing housing with family or friends as a result of loss of housing due to economic hardship, fire, etc. (R1) | <input type="checkbox"/> Living in a car, park, abandoned building, substandard housing, bus or train station, etc. (R4) |
| <input type="checkbox"/> Living in a motel, hotel, trailer park or camping ground due to lack of alternative accommodations (R2) | <input type="checkbox"/> Unaccompanied Youth or runaway (R6) |
| <input type="checkbox"/> Living in an emergency shelter, transitional housing or abandoned in a hospital (R3) | <input type="checkbox"/> Other reason (please list) |

Comments about housing:

Need of Student: *(Check all that apply)*

| | |
|--|--|
| <input type="checkbox"/> School Supplies | <input type="checkbox"/> Transportation to School |
| <input type="checkbox"/> Early Head Start/Head Start Referral for children 0-5yrs. | <input type="checkbox"/> Counseling/Mental Health |
| <input type="checkbox"/> Tutoring | <input type="checkbox"/> Referral for medical, immunizations, dental or vision |
| <input type="checkbox"/> Attendance Issues | <input type="checkbox"/> Hygiene/Basic Needs |
| <input type="checkbox"/> Food Bank/Pantry Referral | <input type="checkbox"/> Holiday Assistance |
| <input type="checkbox"/> Clothing | <input type="checkbox"/> Other |

Comments about needs:

Student Name: _____ **School Name:** _____



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Student in Transition Transportation Request:

Student Name: _____ Student ID# _____

School Name: _____

My student **does not need** transportation.

My student will need transportation to and from the following address(es). *(If child is in a child care facility, include name, address and telephone number of the facility.)*

AM Pickup Address: _____

PM Dropoff Address: _____

Once this request is forwarded to the Transportation Department, every effort will be made to arrange transportation within five business days.

3. Check to indicate receipt of the Information on the McKinney-Vento Homeless Assistance Act on this date via attachment to this form, which is also located on the District’s website at www.gcsnc.com.

Students living in some transitional situations **may** qualify as homeless. Eligibility is determined by the District’s Homeless Education Program (HEP) office staff and must be renewed each school year.

I declare under penalty of perjury under the laws of this state that the information provided here is true and correct and of my own personal knowledge.

Parent, Guardian or Unaccompanied Youth Signature:

_____ **Date** _____

Reminder: Complete SchoolMint Registration for new students at gcsnc.schoolmint.net

Student Name: _____ **School Name:** _____



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For more information contact the Office of Homeless Services and Community Support at 336-621-4042.
Completed forms should be faxed to the Office of Homeless Services and Community Support at 336-375-2564 or scanned and emailed to homeless_services@gcsnc.com

*****A letter of eligibility/denial will be sent to the parent/guardian/unaccompanied student via letter from School Social Worker within 3-5 days after follow-up interview. A copy of the letter will also be on file at the school of attendance.***

In compliance with federal laws, Guilford County Schools administers all educational programs, employment activities and admissions without discrimination because of race, religion, national or ethnic origin, color, age, military service, disability or gender, except where exemption is appropriate and allowed by law. Refer to the Board of Education's Discrimination Free Environment Policy AC for a complete statement. Inquiries or complaints should be directed to 120 Franklin Boulevard, Greensboro, NC

*******FOR SCHOOL USE ONLY*******

Social Worker:

Student Residency Survey/Intake Completed on: (Date) _____

Is the student eligible for MV services? Yes No If not, why ?

Data Manager: Student Program code entered in PowerSchool on: (Date) _____

*******FOR HEP USE ONLY*******

Date student was entered in the Federal Data Base: _____

Date student was added to HEP Tracking Tool _____

Has transportation screen been updated/verified? Yes No

Date sent to transportation (if needed): _____

- School Selection: School of Origin in Attendance Zone
 School of Origin Out of Attendance Zone
 School in New Attendance Zone

Date eligibility letter was sent to attending school: _____

Student Name: _____ **School Name:** _____