



Project Impact STEM Academy

Invested in the life-long pursuit of knowledge.

MV Eligibility Determination & Needs Assessment Form

Student Name (Please Print) _____

School _____

This form will be completed by District Liaison to evaluate a student's eligibility under the McKinney-Vento Act.

A **fixed residence** is one that is **stationary, permanent, and not subject to change**

1. Is this a temporary living arrangement? Yes No
2. Did you and your friends/relatives decide to move in together and share a home and expenses for the long term? Yes No
3. Where would you go if something happened between you as adults?
4. How long do you expect to be at this address?

A **regular residence** is one that is used on a **regular (i.e. nightly) basis**

1. Do you stay in the same place every night? Yes No
2. Do you move around a lot? Yes No

An **adequate residence** is one that is sufficient for meeting both the physical and psychological needs typically met in home environments.

1. Are you safe where you are staying?
2. Do you have adequate space for your belongings?
3. Do you share a room/bed with your children?
4. Are your children safe if you are not home?
5. Do you and your children have access to a phone?
6. Is there adequate food in the home?

Other considerations: Temporary housing **due to loss of housing, economic hardship or similar reason.**

1. Where did you live previously?
2. What happened to cause you to move?

Did the student/family lose their previous housing due to:

- An eviction or an inability to pay rent or other bills? Yes No
- Destruction of or damage to the previous home? Yes No
- Conflict, abuse or neglect? Yes No
- Unhealthy conditions such as an inadequate physical environment or infestations? Yes No
- Drug or alcohol abuse in the home or domestic violence? Yes No
- Absence of a parent or guardian due to abandonment, incarceration or another reason?
Yes No

McKinney Vento Supports for _____

(Student Name)

Please assess your need in each area using the following:

H = High Need (I can't provide this to my child or myself without help)

P = Partial Need (Help would be appreciated for this, but we/I can take care of some of it)

N = Not a need (We/I can provide or do this on our/my own)

Basic Supports		ACTION PLAN (to be completed by MV Liaison)	One time or Ongoing
	Free breakfast & lunch (in school)		
	Food needs (outside of school)		
	Clothing needs		
	Hygiene Products		
	Laundry Facilities		
	Medical, Dental, or Vision Services referrals		
	School Transportation		
	After-school Care/Enrichment		
	Other:		

Education/Academic Support		ACTION PLAN (to be completed by MV Liaison)	One time or Ongoing
	Enrollment assistance (documents & fees)		
	Preschool or Headstart programs		
	School supplies		
	Expedited evaluations for educational support programs (Spec. Ed, EL, Gifted, etc)		
	Summer programming		
	Parental Engagement support		
	Credit Recovery Assistance		
	Graduation support or related expenses		
	Alternative educational programs		
	Other:		

Social/Emotional Support		ACTION PLAN (to be completed by MV Liaison)	One time or Ongoing
	Access to & understanding of available		

	community resources (Self-Rescue Manual)		
	Referral to Department of Health & Welfare Navigator Program		
	Parenting Trainings		
	Other:		

My signature below affirms the following: (1) the information I have provided on this form is true and accurate to the best of my knowledge or belief; (2) non-identifying information may be shared with community and governmental agencies in an effort to more effectively provide services to you and/or your student, and (3) the same information, as well as other information that may identify my child(ren) may be shared with other KSD staff members for a legitimate educational purpose.

Parent/Student signature _____ Date _____

MV Liaison signature _____ Date _____

This section is to be completed by the District MV Liaison, please continue to the next page to indicate your areas of need.

_____ **Approved:**

Complete a *Needs Assessment for Services* form _____

Schedule/participate in “Best Interest” placement for student _____

Complete a MV Eligibility Notification letter _____

_____ **Denied:**

Requested additional information: _____

Complete a MV Eligibility Notification letter _____

District MV Liaison Signature

Date