



## EHS/HS Homeless Verification Form

### Parent Verification

McKinney Vento Act

A. means individuals who lack a fixed, regular, and adequate nighttime residence...; **and**

B. includes –

- i. children and youths who are sharing the housing of other persons due to loss of housing, economic hardship, or a similar reason; are living in motels, hotels, trailer parks, or camping grounds due to the lack of alternative accommodations; are living in emergency or transitional shelters; are abandoned in hospitals; or are awaiting foster care placement;
- ii. children and youths who have a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings... (park benches)
- iii. children and youths who are living in cars, parks, public spaces, abandoned buildings, substandard housing, bus or train stations, or similar settings; and
- iv. Migratory children who qualify as homeless for the purposes of this subtitle because the children are living in circumstances described in clauses (i) through (iii).

I certify that my family meets the above definition of Homeless.

Date: \_\_\_\_\_

\_\_\_\_\_  
Parent Name (Printed)

\_\_\_\_\_  
Parent Signature

### For Staff/Agency Use Only

Verification of homeless status using one of the following (please check one):

Observing living situation, please describe:

\_\_\_\_\_  
\_\_\_\_\_

Third Party Verification: Please describe: \_\_\_\_\_

School District Homeless Liaisons: name: \_\_\_\_\_

Shelter provider: Who/name of shelter: \_\_\_\_\_

Other (please describe) \_\_\_\_\_

Date Verified: \_\_\_\_\_

\_\_\_\_\_  
Staff Name (Printed)

\_\_\_\_\_  
Staff Signature