| | | naire | |
|--|---------------------|----------------------|----------------------|
| Name of School | | | |
| Name of Student: | | | Sex: □ Male |
| Last | First | Middle | Female |
| Birth Date// Age: Age: | _ | | |
| This questionnaire is intended to address the McK residency information help determine the services the | | | The answers to this |
| 1. Is your current address a temporary living a | rrangement? | Yes | No |
| 2. Is this temporary living arrangement due to | loss of housing o | or economic hard | - |
| Signature of Parent/Legal Guardian | | Date | |
| If you answered YES to the above questions If you answered NO, you may stop here. Parent Signature | | - Date | |
| Where is the student presently living? (<i>Check</i>) | one hox.) | Date | |
| \Box In a motel/hotel due to lack of housing | | | |
| \Box In a shelter | | | |
| \Box With relatives or others due to lack of h | ousing | | |
| \Box In an abandoned apartment/building | | | |
| \Box In a place not designed for ordinary sle | eping accommoda | ations such as a car | r, park, or campsite |
| □ Temporarily housed in a shelter awaitin | g foster care place | ement | |
| | | | |
| Name of Parent(s)/Legal Guardian(s) | | | |
| Name of Parent(s)/Legal Guardian(s) | | | |

I certify the above named student qualifies for the Child Nutrition Program under the provisions of the McKinney-Vento Act.

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