



**If applicable, check any of the following factors contributing to the family living situation you indicated on the front of this form (check none or any that apply):**

- Economic hardship:**
  - Loss of job resulting in inability to pay rent or mortgage
  - Income from part-time or low-paying job does not cover the cost of housing in the area
  - Loss of mortgage, including loss of landlord's mortgage if family is renting
  - Eviction record and/or inability to produce deposits for rent or utilities
- "Family" issues such as divorce, domestic violence, kicked out by parents, student left due to family conflict, etc.
- "House" issues such as lack of electricity, water, heat, adequate home repair due to lack of funds, overcrowding, mold, etc.  
List specify "House" issue: \_\_\_\_\_
- Military: Parent/guardian deployed, injured or killed in action
- Incarceration of parent/guardian
- Incapacitation of parent or guardian due to health, mental health, drugs/alcohol, or other factors
- House fire that is NOT DUE to a Natural Disaster as listed below  
(faulty equipment, appliances, wiring, furnace, stove, fireplace, etc.)
- Natural Disaster
  - Fire: forest, grass, lightning strike, etc.
  - Tornado, storm, flood, etc.
- High medical bills that leave little or no money for housing
- Lack of affordable housing in the area
- Minor student unable to afford housing on my own
- None of the above describes the main reasons for my present family living situation.  
**Briefly explain the contributing factors:** \_\_\_\_\_

**Please provide the following information for school-age and pre-school brothers and/or sisters of the student:**

Name	Grade Level	School	District

*I realize that falsifying records is an offense, and enrollment of the child under false documents subjects the person to liability under the Criminal Code.*

\_\_\_\_\_  
Signature of Parent / Legal Guardian / Caregiver / Student (if living independently)

\_\_\_\_\_  
Date

*For School Use Only*

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

\_\_\_\_\_  
McKinney-Vento Liaison Signature

\_\_\_\_\_  
Date