



860 N US Hwy 231
Ozark, Alabama 36360
Phone: (334) 774-5197
Fax: (334) 774-2685

OZARK CITY SCHOOLS HOUSING INFORMATION FORM

THIS QUESTIONNAIRE IS IN COMPLIANCE WITH THE MCKINNEY-VENTO ACT, U. S. C. 42 § 11431 ET SEQ. YOUR ANSWERS WILL HELP DETERMINE IF THE STUDENT MEETS ELIGIBILITY REQUIREMENTS FOR SERVICES UNDER THE MCKINNEY-VENTO ACT.

STUDENT _____ PARENT/GUARDIAN _____

SCHOOL _____ PHONE _____

AGE _____ GRADE _____ D.O.B. _____

Address _____ City _____

Zip Code _____ Is this address Temporary or Permanent? (circle one)

Please choose which of the following situations the student currently resides in (you can choose more than one):

- _____ House or apartment with parent or guardian
- _____ Motel, car, or campsite
- _____ Shelter or other temporary housing
- _____ With friends or family members (other than or in addition to parent/guardian)

If you are living in shared housing, please check all of the following reasons that apply:

- _____ Loss of housing
 - _____ Economic situation
 - _____ Temporarily waiting for house or apartment
 - _____ Provide care for a family member
 - _____ Living with boyfriend/girlfriend
 - _____ Loss of employment
 - _____ Parent/Guardian is deployed
 - _____ Other (Please explain)
- Are there other school aged students in this household?
If so, please list name, grade and school.
- 1.)
 - 2.)
 - 3.)
 - 4.)
 - 5.)

Are you a student under the age of 18 and living apart from your parents or guardians? Yes No

HOUSING AND EDUCATIONAL RIGHTS

Students without fixed, regular, and adequate nighttime residences have the following rights:

- 1) Immediate enrollment in the school they last attended or the local school where they are currently staying even if they do not have all of the documents normally required at the time of enrollment without fear of being separated or treated differently due to their housing situations;
- 2) Transportation to the school of origin for the regular school day;
- 3) Access to free meals, Title I and other educational programs, and transportation to extra-curricular activities to the same extent that it is offered to other students.

Any questions about these rights can be directed to the local McKinney-Vento liaison at (334) 774-5197 or the State Coordinator at (334) 242-8215.

By signing below, I acknowledge that I have received and understand the above rights.

Signature of Parent/Guardian/Unattached Youth Date

Signature of McKinney-Vento Liaison Date

In your child's previous school, did he/she receive any of the following? *(check all that apply)*

- Special Education/Exceptional Children's Services- Describe: _____
- 504 Accommodation Plan- Describe: _____
- English As a Second Language (ESL) services
- Help for Behavior Improvement
- Tutoring Services
- Academically or Intellectually Gifted services
- Counseling services

At this time, what is the greatest need for your child? *(check all that apply)*

- School supplies
- School uniform or clothing
- Help for academic improvement
- Help for behavior improvement
- Referral for food assistance
- Medical referral/immunizations
- Mental health/counseling referral
- Other- Please describe: _____

_____ Informed parent/guardian/unaccompanied youth of their rights under MCV and gave them a copy of their rights. Date: _____

_____ Entered data into INOW regarding program assignment, services, and dwelling type. Date: _____

_____ Established transportation to and from school. Date: _____

_____ Gave Verification for Nutrition Services to cafeteria manager. Date: _____

_____ Completed MCV Academic Review. Date: _____

_____ Made counseling referral (attach form if available). Date: _____

_____ Provided school supplies for student. Date: _____

_____ Reviewed temporary housing options with parent/guardian/unaccompanied youth. Date: _____

_____ Connected parent/guardian/unaccompanied youth with food assistance. Date: _____

_____ Connected parent/guardian/unaccompanied youth with clothing assistance. Date: _____

_____ Connected parent/guardian/unaccompanied youth with health services assistance. Date: _____

_____ Sent Title I Tutoring Request to OCS District MCV Liaison. Date: _____

_____ Student referred to Intervention Team. Date: _____

_____ Student referred to IEP Team. Date: _____

_____ Other: _____ Date: _____

_____ Other: _____ Date: _____