

McKinney-Vento Homeless Assistance Act

Affidavit/Declaration Form

I declare that my family meets one of the following conditions for the McKinney-Vento Homeless Assistance Act: (Please check all that apply)

- Lack a fixed, regular nighttime residence
- Live with a friend or relative because I cannot afford housing (Doubled-up)
- Live in a motel / hotel
- Live in an emergency shelter, transitional shelter, or domestic violence shelter
- Live in a car, trailer, park, or campground
- Other

 Name of Parent / Guardian: _____

Address / **Current Location**: _____

Phone: (_____) _____ Cell: (_____) _____

Emergency Contact: _____ Phone: (_____) _____

Please list the full name of each child below and the corresponding school site.

Student	Birth Date	School	Grade

Presenting a false record or falsifying records is an offense under section 27.10, Penal code, and enrollment of the child under false documents subjects the person to liability for tuition and other costs. TEC Sec. 25.002(3)(d)

 Signature of Parent / Guardian _____
 Date

For office use only:

Please forward to Ed Services- ATTN: Ana Yarza

 Signature of person entering information: _____ Date: _____