



**Irvine Unified School District
McKinney-Vento Homeless Assistance Act
Verification Form**

This form assists school personnel in complying with the legal guidelines for school enrollment for children who meet the eligibility criteria for services provided under the McKinney-Vento Assistance Act (Title X, Part C of the No Child Left Behind Act). A new form must be completed each year or when residence information changes.

Please Print

Date _____ School _____ Grade _____

Student's Name _____ Date of Birth _____
Last Name First Name Month/Day/Year

Parent/Guardian Name _____ Unaccompanied Youth: Yes No
Last Name First Name

Current Address _____
Street City State

Telephone Number (____) _____

Last School Attended _____ City/State _____

Services received at last school: ☐ English Language Learner ☐ Special Education

PLEASE CHECK THE FOLLOWING LIVING SITUATIONS THAT APPLY TO THE STUDENT:

- ☐ Living in home, rented home, or apartment (one family)
- ☐ Living with friends, relatives, or others due to economic hardship, loss of housing or similar reason
(please explain) _____
- ☐ Living in a shelter or transitional housing (Families Forward, Human Options, etc.)
- ☐ Living in a hotel or motel
- ☐ Living in a campground, park, or car
- ☐ Awaiting foster care placement
- ☐ Living in other circumstances (please explain) _____

☐ If any box other than first is checked, please list last permanent address: _____

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct. Providing false information could result in the immediate withdrawal of the above named student from the school.

Parent Signature: _____ Date: _____

For District Office Use Only

☐ Categorical Programs: Fax # 949-936-5259
☐ Student Services: Fax # 949-936-5059
☐ Food/Nutrition Services: Fax # 949- 936-6529
☐ Transportation: Fax # 949-936-5379

☐ Family Resource Center: Fax # 949-936-7949
☐ Special Education: Fax # 949-936-5239
☐ Language Minority Programs: Fax# 949-936-8509

Site Signature: _____

Copy to Site

Original to Student Services

Yellow to Food/Nutrition Services

Pink to Categorical Programs