

SANTA MARIA JOINT UNION HIGH SCHOOL DISTRICT

2560 Skyway Drive, Santa Maria, CA 93455

(805) 922-4573 x 4402

2014-2015

**This form may be submitted in lieu of a regular application
for free or reduced-price meals if your family is considered
Homeless as explained below.**

McKinney-Vento Homeless Assistance Act 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 moveable car or trailer, a park or campground
- Other _____

Please note: Children in Foster Placement need to be listed on a regular free or reduced-price meal application.

Name of Parent / Guardian: _____

Address / Current Location: _____

Phone: _____ Emergency Contact: _____

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

Student	Birth Date	School	Grade

Signature of Parent / Guardian

Date

District Office Use Only: POS Application # _____

School Site Use Only: AERIES INPUT(√) _____

Date _____ Entered by: _____

Date _____ Entered by: _____