

Families in Transition (FIT) Program McKinney-Vento Act Enrollment Form

The information from this form will help to determine if your student is able to receive benefits under the federal McKinney-Vento Act, a law that helps students who are temporarily displaced from their home for certain reasons. Specific rights are listed on the next page.

Student Information

Student Name	State ID #	DOB	Race	M/F	School	Grade	Hardship, Magnet, Choice Seat

Housing Information

Where is the student(s) living at this time? (Please check all that may apply)

- An emergency or transitional shelter, NAME: _____
 Temporarily with another family/friend due to loss of housing, economic hardship or similar reason
 A vehicle of any kind, trailer park or campground, abandoned building, or substandard housing
 A hotel/motel due to loss of housing, economic hardship or similar reason, NAME: _____

Reason for temporary living situation: (If due to COVID-19, please check additional reasons)

- | | | |
|---|--|--|
| <input type="checkbox"/> Foreclosure | <input type="checkbox"/> Removal From Parent | <input type="checkbox"/> Flooding |
| <input type="checkbox"/> Eviction | <input type="checkbox"/> Incarceration of Parent | <input type="checkbox"/> Hurricane |
| <input type="checkbox"/> Unemployment | <input type="checkbox"/> Fire/Wildfire | <input type="checkbox"/> Man Made Disaster |
| <input type="checkbox"/> Financial Hardship | <input type="checkbox"/> COVID-19 | <input type="checkbox"/> At Risk of Homelessness |
| <input type="checkbox"/> Domestic Violence | <input type="checkbox"/> Tornado | <input type="checkbox"/> Other: _____ |

The student(s) is/are: (Check 1 only)

- in the physical custody of a parent or legal guardian
 NOT in the physical custody of a parent or legal guardian and considered an unaccompanied youth (ex: living alone, couch surfing, with a relative who is not their legal guardian, living with other people, etc.) **If you checked this box, please provide the following information:**

Temporary address: _____ City: _____ Zip: _____

Contact Information for Unaccompanied Youth (UY):

Email: _____ Phone #: _____
 Caregiver name: _____ Phone #: _____
 Emergency contact name: _____ Phone #: _____

Parent/Guardian Contact Information

Parent/Guardian name: _____ Email: _____ Phone #: _____
 Emergency contact name: _____ Phone #: _____

Signatures

Since _____ (date), our family has been in transition and has not had a permanent residence. **Under penalty of perjury under the laws of the State of Tennessee, I declare that the information provided here is true and correct and of my own personal knowledge; and that if called upon to testify, I would be competent to do so.**

 Signature of Parent/Guardian/UY* Date Signature of School SW, Staff, or FIT Staff Date

*If signing via phone consent, did the person completing this form read the statement in red above?

Person completing form must review rights with the Parent/Guardian/UY

McKinney-Vento Act Rights

- Student(s) must be immediately enrolled in school even if you lack a permanent address.
- Student(s) enrollment may NOT be delayed due to lack of proof of residency or other documents.
- Continued enrollment in the school of origin or current zoned school for the remainder of school year or for the duration of displacement.
- Student(s) can attend classes while the new school secures previous school records.
- Student(s) is eligible to receive free school meals.
- If enrollment dispute is made, the student(s) can attend classes while the dispute is being processed.
- Transportation to school of origin can be requested.***

School Selection

___ I want my student(s) to remain in the school of origin for the remainder of this school year.

___ For the remainder of this school year, I want to enroll my student(s) in the zoned school for our temporary address.

Transportation

***Transportation is not provided for hardships, school choice seats, charter schools, or PreK. If magnet seat then the magnet bus stops must be used and a special route is not provided.

Termination of bus route will happen after 3 missed rides without notification to transportation. Contact 423-498-5555 if a ride is not needed.

Signature

I understand the McKinney-Vento Act Rights, School Selection, and Transportation Policy.

Signature of Parent/Guardian/UY*

Date

Signature of School SW, Staff, or FIT Staff

Date

**Families in Transition (FIT) Program
McKinney-Vento Needs Assessment**

Student(s) Needs Assistance Obtaining Documents **Only check boxes if the document is needed.**

Student Name	TN Immunization Record	Birth Certificate	SS Card	Previous School Records

Student(s) Needs

Health/Medical: Dental Medical Glasses Vision

Hygiene Products: M F Ethnic Feminine Hygiene Products

Social Emotional Support: Counseling Small Group Counseling SEL Books

Educational Interventions: Books Educational Activity Book Tutoring ACT Prep
 School Supplies Hot Spot SACC Summer Reach Summer Camp

Other: _____

Fees: (Bookkeeper needs to send invoice to FITforms@hcde.org)

School (Ex: Class, Library, Field Trip, etc.) Chromebook Insurance Senior/Cap & Gown
 Sports & Equipment Extracurricular Activity (Ex: Prom, Dance, Club, Band, ROTC, etc.)

Transportation: Bus Stop Request (Fill out [Transportation Request for approval.](#))

Driving Lessons Gas Card Uber Card Monthly CARTA Bus Pass: #

Clothing: (Submit [Clothing Request Form.](#))

School Uniforms Non School Uniform Clothing Pajamas Coat Shoes
 Underwear Bra/Sports Bra Belt Socks Head Band/Scarf Bonnet Prom

Sleeping Needs: (Included number of items needed per family)

Alarm Clock Bedding Beds Sleeping Bag PreK Mat and Towels
 Tent or Camping Supplies Other: _____

Family Needs/Referrals

- SNAP: Food Stamps
- Food Box
- Foxwood Referral (Food 2 x month)
- Case Management
- TennCare
- Housing Navigation

- PreK or Headstart Referral
- Information on CTE or FRI School
- Family Activity Membership
- Laundry Detergent
- Prepaid Phone Card
- Christmas/Holiday Gifts

Student Name(s)

Counseling

I, _____, give permission to for my student(s) to receive mental health counseling from the School Social Worker and/or referred to counseling provider (ex: Helen Ross McNabb, Centerstone, Volunteer Behavioral Health, Mental Health Co-op) . (Students 16 years and older may provide consent for mental health counseling services TN Code 33-8-202.) _____(initial)

Local Agency Referrals

I _____, give permission for the Families in Transition (FIT) Program or School Social Worker to release, receive, and exchange mine and/or student(s) information to local agencies that provides services to families and/or students. _____(initial)

School Based

I, _____, give permission to Families in Transition (FIT) Program or School Social Worker to notify school administration, school counselors, and/or teachers, nutrition of McKinney-Vento eligibility. _____(initial)

Signature

I understand that my consent is valid as long as I am participating in the Families in Transition (FIT) Program with Hamilton County Schools. I also understand that I can revoke this consent at any time

I hereby give you my permission to release information to the agencies and/or school staff listed above. My signature below indicates my consent.

Signature of Parent/Guardian/UY*

Date



Approved by FIT office: _____

Families in Transition (FIT) Program McKinney-Vento Act Transportation Request

Termination of bus route will happen after 3 missed rides without notification to transportation. Contact 423-498-5555 if a ride is not needed.

Transportation is not provided for hardships, school choice seats, charter schools, or PreK. If magnet seat then the magnet bus stops must be used and a special route is not provided.

Student Information

Student Name	State ID #	DOB	Race	M/F	Grade	School	Start Time	End Time

Housing Pick-up and Drop-off Information

AM pick-up address: _____ Zip: _____

PM Drop-off address: _____ Zip: _____

Special Education Transportation

Do any of the students receive transportation as part of their IEP/504? Yes*** _____ No _____

*****If yes, notify Special Education Teacher with new address so they can request stop change and send modifications to transportation.**

List name of student(s) who have IEP/504 with transportation modifications:

Parent/Guardian Contact Information

Parent/Guardian name: _____ Email: _____ Phone #: _____

Emergency contact name: _____ Phone #: _____

Contact Information for Unaccompanied Youth (UY):

Email: _____ Phone #: _____

Caregiver name: _____ Phone #: _____

Emergency contact name: _____ Phone #: _____

Name of person completing this form: _____ Date: _____

Please email the completed Transportation Request to FITforms@hcde.org

Only put sizes next to items needed for student(s)

Student:		
School:		
UNDERWARE	B:	G:
	M:	W:
BRA		
COAT/JACKET	B:	G:
	M:	W:
SHIRT/POLO	B:	G:
	M:	W:
SHORTS	B:	G:
	M:	W:
JEAN/KHAKIS	B:	G:
	M: W- L-	W:
BELT	B:	G:
	M:	W:
SOCKS	B:	G:
	M:	W:
SHOES	B:	G:
	M:	W:
LIST OTHER ITEM(S) & SIZE		

Student:		
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