



**McKinney-Vento Identification**  
**School District Name: Horry County Schools**

*Your child may be eligible for educational services through the McKinney-Vento Act.*

**Eligibility is based on the current primary nighttime residence and can be determined by completing this questionnaire.**

**Section 1. Presently, are you and/or your family in any of the following situations? Check one box.**

- Staying in shelter
- Sharing the housing of others due to loss of housing, economic hardship, similar reason; doubled-up.  
How long have you been sharing housing? \_\_\_\_\_
- Living in a car, park, campground, public space, abandoned building, substandard housing or similar.
- Temporarily living in a motel or hotel due to loss of housing, economic hardship or similar reason.  
How long have your lived in a motel or hotel? \_\_\_\_\_

**Section 2. Unaccompanied Youth: not in the physical custody of a parent or guardian Check one box.**

- Student is in the physical custody of a parent or guardian
- Student is not in the physical custody of a parent or guardian (unaccompanied youth)
- Section 1 does not apply to me. STOP:** If you checked this box, you do **not** need to complete the remainder of this form. Submit this form to school personnel.

**Section 3. Student Name**

First	Middle	Last	M/F	PowerSchool ID#	D.O.B.	Grade	School

**Section 4. Siblings**

First	Middle	Last	M/F	D.O.B.	Grade	School

**The undersigned certifies that according to information provided above; the students listed meet the definition of "Homeless" as stated in the McKinney-Vento Act (Subtitle B, Sect. 725) of July 1, 2002.**

\_\_\_\_\_ **Print Parent/Guardian Name** Signature Date

\_\_\_\_\_ (Area Code) Phone number Street Address City State Zip

**School Use Only**

- Copy of this form was sent to the District's Homeless Education Liaison. (Velna Allen, 843-488-6767)
- Copy of this form was sent to Food Services School Cafeteria Manager for immediate access to free school meals.

**School Homeless Liaison:** Based on the above information and a brief interview with this family, I attest that to the best of my knowledge they are eligible for benefits under the McKinney-Vento Act:

\_\_\_\_\_ School Homeless Liaison Name **(required)** Title Signature **(required)** Date

Scan and email a copy of the completed form to Margo Cox, Office of Student Services, Administrative Assistant, at [Mcox@horrycountyschools.net](mailto:Mcox@horrycountyschools.net). A signed copy for your records will be sent back to you via email.

\_\_\_\_\_ District Liaison Name **(required)** Signature **(required)** Date  
 (Form Revised March 2021)