



PROJECT EXTRA STEP HOMELESS STUDENT REFERRAL

School Year 20__ - 20__

PART 1: SCREENING [TO BE COMPLETED BY PARENT or GUARDIAN]

Project Extra Step is Arlington Public School's McKinney-Vento Program, a federally-funded grant program under the McKinney-Vento Homeless Education Assistance Act to ensure that children and youth experiencing homelessness have full and equal access to an appropriate public education and experience. The purpose of this form is to identify and support students experiencing homelessness in APS. Please be assured that the information on this form is **confidential**. For further information about Project Extra Step, please see the APS website <https://www.apsva.us/student-services/homeless/> or call (703) 228-6046.

Please answer the following screening questions to determine if you might qualify for homeless support:

1. Is your current address a temporary living arrangement and, if so, is the living arrangement due to loss of housing or economic hardship? Yes No
2. Is the student living with someone other than his or her parent or legal guardian? Yes No

If you answered **NO** to **both** of the above questions, stop here. You **do not need to return this form**.

If you answered **YES** to **any** of the above questions, you may qualify for homeless services. Please **complete PART 2, and return this form to your school office**.

PART 2: STUDENT INFORMATION

Parent or Guardian Name(s) _____

Address _____
STREET APT # CITY STATE ZIP

Home Phone _____ Work _____ Cell _____

Email _____ Preferred Language (if other than English) _____

Student Name	D.O.B.	Grade	School	Student ID #

Where are you currently living?

- Doubled-up due to hardship and/or moving from home to home frequently
- Motel or Hotel – Name of motel or hotel _____
- Homeless shelter or domestic violence program – Name of provider _____
- Transitional housing – Name of provider _____
- In a location not designated for sleeping accommodations, such as car, park, or campsite _____

I understand that enrollment of my child(ren) in Arlington Public Schools (APS) is based on my statement, and if this statement is false, I understand that I am liable for payment of full tuition for my child(ren). Under §22.1-264.1 of the Code of Virginia, any person who knowingly makes a false statement concerning the residency of a child for the purpose of avoiding tuition, shall be guilty of a Class 4 misdemeanor. I also agree to notify the principal or designee of any change of residence of myself or my child(ren) within three (3) days of such change.

Parent/Guardian Signature (required)

Date

SCHOOL REGISTRAR: Give completed forms to the school social worker or scan/email to alicia.flores@apsva.us (Fax: 703-228-2433).