


# Application for Clothing to Assist Homeless/Unaccompanied Students

## McKinney-Vento Department 2016-2017

Name of Parent: _____		Cell: _____					
Address: _____		City: _____	TX Zip: _____				
Is the student(s) homeless/unaccompanied? <b>Yes</b> ___ <b>No</b> ___ If <b>No</b> , students do not qualify. Stop here!							
Family Annual Income \$ _____	Attach the SRQ to this application.	Circumstances justifying need: _____					
Fill in the name(s) of the child(ren) who need assistance with uniforms and sneakers in the lines below							
Student Name(s)	Gender	Campus	Grade	ID #	Top	Bottom	Shoes
Be specific with the sizes of the clothing. Indicate if they are: (T) toddler (C) children (Y) youth (Jr) junior (M) misses (A) adult							

Do not write in this area!

Counselor making the recommendation:

Print Name: \_\_\_\_\_ Sign: \_\_\_\_\_ Date: \_\_\_\_\_

Student Engagement Specialist Interview:

Does interview justify a need? **Yes** \_\_\_ **No** \_\_\_

*Provide your notes to director to support your response and attach copies of the SRQs for each child listed above.*

Print Name: \_\_\_\_\_ Sign: \_\_\_\_\_ Date: \_\_\_\_\_

**Director Approval:**

Yes  No

Print Name: \_\_\_\_\_ Sign: \_\_\_\_\_ Date: \_\_\_\_\_