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Homeless Liaison
District CAI Lab Manager
337-824-0597
337-824-4112 (fax)

Educational Media Center
720 E. Plaquemine Street
Jennings, LA 70546
http://pc.jeffersondavis.org/

Date: July 2024

Attention: School Employees

Subject: McKinney-Vento Homeless Info Page

The **McKinney-Vento (Homeless) Act** is a federal law that requires states and school districts to provide certain rights and protections to children and families that are classified as homeless according to the National Center for Homeless Education (NCHE). These children and families are served under the Title I program.

Who is homeless?

- Any person(s) living in a shelter, motel, vehicle, campground, substandard housing or doubled-up with relatives or friends.
- Doubled-up can be any person(s) sharing the housing of other persons due to loss of housing, economic hardships, physical/mental health challenges, or similar reasons. (ex. flooding)
- Unaccompanied homeless youth are students who may or may not choose to leave their parent's residence including abuse or neglect, acute conflict (pregnancy, sexual orientation, gender identity, and substance abuse), economic challenges, etc.

Step 1 – Completion of Forms (school level responsibilities)

1. The following two forms should be included as part of the school's enrollment packet **(copied front & back)** and should be returned to the teacher and office immediately upon receiving the forms.
   Louisiana Student Residency Questionnaire Form
   a. If the answer to question #1 is **NO**, they will skip to item 9, fill it out and turn it in to teacher/office.
   b. If the answer to question #1 is **YES,** then they should also answer questions 2 – 9.
   McKinney-Vento Confidential Referral Form (Revised 7/2022)
   a. To be completed by parents and/or any school employee. *(A Confidential Referral Form should be completed for each child in the family who is enrolled in your school.)*
   b. Any school employee must sign the, "School Personnel Signature" blank and date.
2. The school secretary, or designee, shall forward these form(s) by fax (824-4112), board mail, or by informing Sharon Phenice and arrangements will be made in order to retrieve the forms.

Step 2 – Receiving Service (Including Supplies & Uniforms)

- A student shall begin to receive requested services once the *McKinney-Vento Confidential Referral Form* has been properly completed, signed by school level personnel, accepted and approved by the Title I homeless office.
- Immediate services include the following:
  a. Free Lunch – The Title I homeless office will notify Tina Coleman and cafeteria manager.
  b. School Fees – Schools are to waive school fees and/or contact the Zigler Foundation at 337-824-2413 for further assistance. Contact the Federal Programs department if you need further assistance.
  c. School Supplies & Uniforms – The Title I homeless office will gather supplies and deliver to school and/or student's home where a Service Documentation Sheet is completed and signed.

McKinney-Vento Employee Training

- Any employee that comes into contact with students is required to be trained each year. An online training has been created for you using Google Forms. The training covers the "basics" of the McKinney-Vento Homeless Assistance Act and what you can do to help identify and support homeless students in your area.
- You are expected to pass with an 80% or higher. Once taken your results will be analyzed and you will receive an automated email within a day. Results for those with a completion at 80% or higher will automatically feed into your principal's MV Training document. Those who did not receive at least an 80% will need to complete the training again.

DEPARTMENT of EDUCATION
Louisiana Believes

Louisiana Student Residency Questionnaire Form

(Form Must Be Included In School Enrollment Packet along with the Confidential Referral Form)

Date:_____ LEA: Jeff Davis Parish Schools School Name:_____

Student Name:_____ School ID#:_____ Gender: Male / Female

Address:_____ Telephone Number:_____

Last School Attended:_____ Current Grade:_____Date of Birth:_____

Parent / Guardian / Adult Caring for Student:_____ Relationship:_____

Disclaimer: This questionnaire is intended to address the McKinney-Vento Act. Your child may be eligible for additional educational services through Title I Part A, Title I Part C Migrant, Individuals with Disabilities Education Act (IDEA) and/or Title IX, Part A, Federal McKinney-Vento Assistance Act, 42 U.S.C.11435. Eligibility can be determined by completing this questionnaire. It is illegal to knowingly make false statements on this form. If eligible, students are to be immediately enrolled in accordance with Bulletin 741, section 341.

1. ☐ YES ☐ NO Did the student receive McKinney Vento (Homeless) Services in a previous school district?
2. ☐ YES ☐ NO Is the student's address a temporary living arrangement? (Note: If this is a permanent living arrangement or the family owns or rents their home, **skip to #10**, sign and submit form to school personnel.)
3. ☐ YES ☐ NO Is the temporary living arrangement due to loss of housing or economic hardship? (Check one)
4. ☐ YES ☐ NO Does the student have a disability or receive any special education-related services? (Check one)
5. Where is the student currently living? (Check all that apply below.)

☐ In an emergency/transitional shelter.
☐ Temporarily with another family because we cannot afford or find affordable housing.
☐ With an adult that is not a parent or legal guardian, or alone without an adult.
☐ In a vehicle of any kind, trailer park or campground without running water/electricity, abandoned building or substandard housing.
☐ Emergency Housing (i.e. FEMA Trailer or FEMA Rental Assistance)
☐ In a hotel/motel. ☐ Other specificinformation:_____

6. ☐ YES ☐ NO Does the student exhibit any behaviors that may interfere with his or her academic performance?
7. Would you like assistance with uniforms, student records, school supplies, transportation, other? (Describe): _____
8. ☐ YES ☐ NO Migrant – Have you moved at any time during the past three (3) years to seek temporary or seasonal work in agriculture (including Poultry processing, dairy, nursery, and timber) or fishing?
9. ☐ YES ☐ NO Does the student have siblings (brothers or sisters)? Note: Use back of page if more space is needed.
   Name_____School_____Grade_____DOB_____
   Name_____School_____Grade_____DOB_____
   Name_____School_____Grade_____DOB _____
10. The undersigned certifies that the information provided above is accurate.

Print Parent/Guardian/Adult Caring for Student's Name Signature Date

(Area Code) Phone Number Street Address City State Zip Code

Print School Contact Name Title Signature Date

If family is in a temporary living arrangement and **marked YES for question #1** please also **complete the MV Confidential Referral Form** as well.

School Use Only: ☐ Free or Reduced Price Meals Form submitted/signed ☐ Copy Placed in Student's Cumulative Record

District Liaison Use Only: ☐-Sheltered ☐-Doubled-Up ☐-Unsheltered/FEMA/Substandard ☐-Hotel/Motel Unaccompanied Youth: ☐ YES ☐ NO

(*Revised* 07/2022)

DEPARTMENT of EDUCATION
Louisiana Believes

TITLE VII, SUBPART B MCKINNEY-VENTO Homeless Assistance Act, as Reauthorized by TITLE IX, PART A OF ESSA

CONFIDENTIAL REFERRAL FORM

(Form Must Be Included In School Enrollment Packet along with the Student Residency Questionnaire - Updated July 2020)

School Year:_____ Date:_____ LEA: Jeff Davis Parish Schools School:_____

Student Name:_____ DOB:_____ Age:_____ Grade:_____

Gender: (M / F) Race:_____ School ID#:_____ IEP: ☐ Yes ☐ No

Parent/Guardian:_____ Phone Number:_____

Temporary Address:_____ City:_____ Zip:_____

Referring Person:_____ Position:_____

Reason for referral: Problems listed below often prevent homeless children and youths from attending school. Please check all areas of concern which apply to the student identified above.

- ☐ 1. School of origin: Yes_____No____
- ☐ 2. Student lacks a permanent residence
- ☐ 3. Student is unable to pay school fees
- ☐ 4. Immunizations are needed
- ☐ 5. Birth certificate is needed
- ☐ 6. Excessive absences are a problem
- ☐ 7. Lacks academic records and/or documentation
- ☐ 8. Academic problems indicate a need for tutoring
- ☐ 9. School supplies are needed
- ☐ 10. Transportation to school is a problem
- ☐ 11. Student/family needs assistance accessing community resources
- ☐ 12. Behavior indicates a need for mental health counseling
- ☐ 13. Free lunch form needed
- ☐ 14. Health problems are indicated
- ☐ 15. Need Health Insurance (LA CHIP/Medical Card)
- ☐ 16. Guardianship is a problem
- ☐ 17. IDEA (gifted, talented, disabilities) services needed
- ☐ 18. LEP/EL services needed
- ☐ 19. Migrant services needed
- ☐ 20. Need SNAP benefits (food stamps)
- ☐ 21. Early childhood services or Higher Ed Services
- ☐ 22. Clothes are needed (Sizes: Shirt:_____ Pants/Shorts:_____
  ☐ Youth ☐ Adult Shoes:_____ Other:_____)

Don't forget to complete this box too.

I. Check all that apply:
- ☐ (1) Sheltered
- ☐ (2) Doubled-Up
- ☐ (3) Unsheltered/FEMA/ Substandard
- ☐ (4) Hotel/Motel

II. Unaccompanied Youth: ☐ Yes ☐ No

III. Check all that apply:
- ☐ 01 – Mortgage Foreclosure
- ☐ 02 – Flooding
- ☐ 03 –Hurricane
- ☐ 04 –Tropical Storm
- ☐ 05 –Tornado
- ☐ 06 –Wildfire or Fire
- ☐ 07 –Man-made Disaster (Major)
- ☐ 08 –Eviction
- ☐ 09 –Unemployment / Loss of Job
- ☐ 10 –Domestic Violence
- ☐ 11 –Illness
- ☐ 12 –Financial Hardships
- ☐ 13 –Lack of Affordable Housing
- ☐ 14 –Unaccompanied Youth
- ☐ 15 –Incarceration of Parent/ Guardian
- ☐ 16 –Unsafe Living Conditions

COMMENTS: _____

_____

Other Children in Home: _____

*Parent/Guardian signature only required on the *Student Residency Questionnaire*.

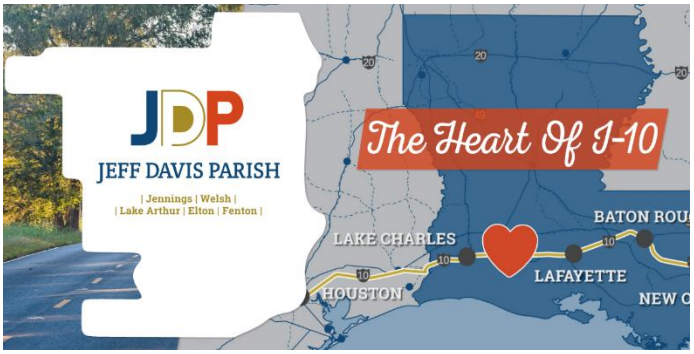
_____ _____

School Personnel Signature Date District Homeless Liaison Signature Date

**LIAISON'S SIGNATURE INDICATES STUDENT(S) MEETS TITLE IX, PART A REQUIREMENTS*

☐ Copy Sent to District Homeless Liaison ☐ Copy Placed in Student's Cumulative Record

(*Revised 07/2022*)



JEFF DAVIS PARISH

Local Agencies

Second Harvest Food Bank

- **Service:** Federal program that distributes food to people who qualify.
- **Location:** First Baptist Church
  1001 N Cary Ave,
  Jennings, LA 70546
- **Open:** Mondays – 1:30-3:30 pm, at the Life Center building at the church. The distribution is broken down in alphabetical order, so the families get a distribution once a month.
- **Phone:** (337) 824-3271

Participants will need to register and have proof of income, ID, proof of residence, SNAP/SSI letter.

Welsh Ministry Food Pantry

- **Service:** Food Pantry
- **Location:** Our Lady of Seven Dolors Catholic Church
  209 N. Adams Street
  Welsh, LA 70591
- **Open**: 4th Thursday of each month – 1:30 to 3. Must bring ID.
- **Phone:** (337) 734-3446

God's Pantry

Location: 5358 LA-26
Jennings, LA 70546
Open: Mondays and Fridays – 10 to 12
Phone: (337) 246-3966

The Way 2 Thrift

Service: Thrift Store
Location: 1218 Elton Rd.
Jennings, LA 70546
Open: Monday to Saturday – 10am to 5pm
Phone: (337) 246-7017

Goodwill

Service: Thrift Store
Location: 1222 Elton Rd.
Jennings, LA 70546
Open: Monday to Saturday – 9am to 6pm
and Sunday – 1pm to 5pm
Phone: (337) 616-0667

Jeramy's House of Hope

- **Service:** Gently used clothing, household items, toys and miscellaneous.
- **Location:** 814 Main Street
  Elton, LA 70532
- **Open:** Thursday & Friday – 9am to noon
  1st Saturday of each month – 9 am to noon

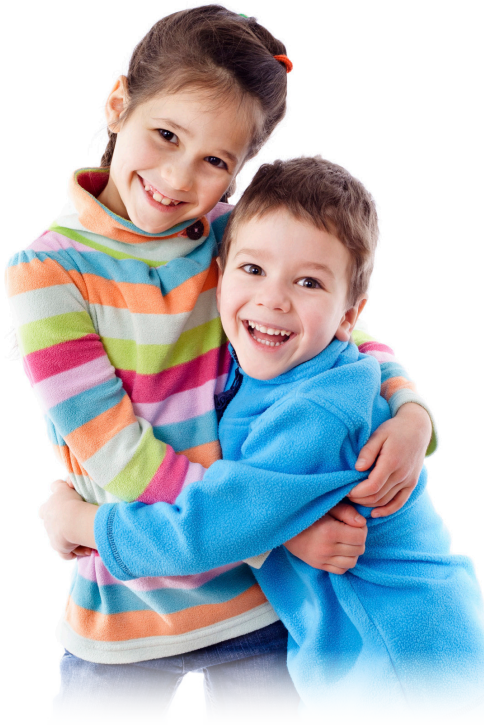
LOUISIANA DEPARTMENT OF HEALTH
Medicaid

It's a fact that kids with health insurance live healthier lives.

Give Your Children

HEALTH COVERAGE

at ***NO COST*** or ***LOW COST*** to You.



LaCHIP

Louisiana Children's Health Insurance Program

NO enrollment fees!
NO co-payments! ***NO*** deductibles!

DO YOU QUALIFY? LaCHIP uses the income amounts below to see if a child qualifies for low-cost or no-cost LaCHIP coverage.

INCOME LIMITS		
Number of Family Members	**Monthly Income** *(No Cost)*	**Monthly Income** *(Low Cost)*
1	$2,458	$2,888
2	$3,312	$3,891
3	$4,165	$4,894
4	$5,019	$5,897
5	$5,872	$6,900
6	$6,726	$7,903
7	$7,579	$8,906
8	$8,433	$9,909

Low Cost option allows a greater income limit at a $50 premium. All of your family income may not be counted.

The LaCHIP program covers:

- Medical services for children, including health, dental, and vision coverage
- Doctor's appointments, including well child visits and hospital stay
- Prescriptions and immunizations
- Mental health services
- And many other services

Visit our website to apply online:
ldh.la.gov/lachip

or call our toll-free hotline for more information:
1-888-342-6207

Rev. 03/22

Benefit/Services Information

The following programs are currently available through LA CAFÉ:

Supplemental Nutrition Assistance Program (SNAP) (formerly Food Stamps)
Provides monthly benefits that help low-income households buy the food they need for good health

Family Independence Temporary Assistance Program (FITAP)
Provides temporary cash assistance to eligible low-income families who need assistance for children

Kinship Care Subsidy Program (KCSP)
Provides cash assistance for eligible children who reside with qualified relatives other than parents

Child Support Enforcement Services
Provides parent locator and paternity establishment services, as well as assistance to establish and enforce child and/or medical support orders and collection and distribution of child support payments

Louisiana Combined Application Project (LaCAP)
LaCAP is a food assistance program for Louisiana residents who are at least 60 years of age and receive Supplemental Security Income (SSI)

Disaster Supplemental Nutrition Assistance Program (DSNAP)
Disaster Supplemental Nutrition Assistance Program (D-SNAP) provides food assistance to low-income households with food loss or damage caused by a natural disaster.

Pandemic Electronic Benefits Transfer (P-EBT)
P-EBT is food assistance for families of school children who are eligible for free or reduced-price school meals through the National School Lunch Program (NSLP) or School Breakfast Program (SBP), but are not receiving those meals due to campus closures and/or reduced in-person class schedules related to the coronavirus (COVID-19) pandemic.

Looking for Child Care Assistance?
The Child Care Assistance Program (CCAP) provides assistance to families to help pay for the child care needed in order to work, or attend school or training and is now provided by the Louisiana Department of Education.
Please click here for more information about CCAP in the CAFE LDE Customer Portal.

Help Using LA CAFÉ .

- Practice using LA CAFÉ
- Frequently Asked Questions
- Locate a Community Partner to assist you

Need help? Chat

To access the information on this sheet, go to https://sspweb.ie.dcfs.la.gov/

CONTACT US: 627 N. Fourth St. | Baton Rouge, LA 70802 | View Map

Report Child Abuse: 1-855-4LA-KIDS (1-855-452-5437) *toll-free*, 24 hours a day, seven days a week
DCFS Customer Service Center: 1-888-LAHELPU (1-888-524-3578)
EBT Card Customer Service: (888) 997-1117 *toll-free*