



Child/Applicant's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

**C. STAFF STATEMENT/INTERVIEW NOTES: Complete 1-5 as applicable. Sign & date below.**

**1) McKinney Vento eligibility**

Describe Family Living Situation (including specific condition under which determined to be McKinney Vento) & Verification Efforts

**2) Zero income in relevant time period + Zero Income form**

Eligibility for program if No Income during relevant time period: Ask if there is something or someone (3<sup>rd</sup> party verification) we can use to verify your eligibility for program?

**3) Family has income and no documentation is available + Self Declaration form**

Describe Staff Verification Efforts

**4) Other – Please describe circumstances & staff verification efforts:**

**5) ☐ Family consents to Third Party Verification – Complete a form for each person/company to contact.**

Completed by: \_\_\_\_\_ Date: \_\_\_\_\_

Staff signature: \_\_\_\_\_