



# Caregiver & Living Arrangements Affidavit for Homeless or Abandoned Student

School Year  
2018 - 2019

**Instructions: If you are the caregiver for a homeless or abandoned student, as defined below, please complete this form and return it to the school office. Any student who is age 18 or older, may complete this form. This affidavit may be used in lieu of proof of residence and guardianship documentation that is ordinarily required for student enrollment.**

### Student Information

Name \_\_\_\_\_ Sex \_\_\_\_\_ Birthdate \_\_\_\_\_ Grade \_\_\_\_\_

Student Status (Check the classification below that applies to the student.)

- Homeless student means a student who lacks a fixed, regular and adequate nighttime residence and includes: (a) any student who is sharing the housing of other persons due to loss of housing, economic hardship or a similar reason; is living in a motel, hotel, trailer park or camping grounds due to the lack of alternative adequate accommodations; is living in emergency or transitional shelter; is abandoned in a hospital; and (b) any student who has a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings.
- Abandoned student means a student with a parent who fails to provide reasonable support and to maintain regular contact with the child, including the provision of normal supervision, when such failure is accompanied by an intention on the part of the parent to permit such condition to continue for an indefinite period in the future. Failure to maintain a normal parental relationship with the child without just cause for a period of six months is prima facie evidence of abandonment, but the district can determine abandonment for the purpose of enrollment earlier than six months if supported by sufficient evidence.
- Neither of the above. Briefly describe the reason the student is living with you. \_\_\_\_\_  
\_\_\_\_\_

School Name/Location (at time student became homeless/abandoned) \_\_\_\_\_

### Current Living Arrangements

Shared Housing    Shelter    Hotel/motel    Other \_\_\_\_\_  
Address \_\_\_\_\_ Telephone \_\_\_\_\_

### Information about Biological or Adoptive Parent, or Legal Court-Appointed Guardian

Name \_\_\_\_\_ Relationship to Student \_\_\_\_\_  
Email address \_\_\_\_\_  
Address \_\_\_\_\_ Telephone \_\_\_\_\_

### Caregiver Information (individual caring for student – if other than parent or legal guardian)

Name \_\_\_\_\_ Relationship to Student \_\_\_\_\_  
Email address \_\_\_\_\_  
Address \_\_\_\_\_ Telephone \_\_\_\_\_

**My signature below affirms that the information provided here is true to the best of my knowledge.**

Signature \_\_\_\_\_ Date \_\_\_\_\_

School Personnel: Either fax this form to 480-472-0296 or email it to [mckv@mpsaz.org](mailto:mckv@mpsaz.org).

Case Number: \_\_\_\_\_ (To be added by McKinney-Vento Staff)