



Navigating Documents

The basics

Savannah Holthaus
Regional Homeless Liaison ROE #40
& Family Resource Specialist-Area 5

What's a Family Resource Specialist?

- Make & follow up on referrals received from other agencies
 - Ensure MVP students are documented in SIS
 - Local Outreach Office Programs (Partnering with *CEFS, IL VALLEY AND BCMW*)
 - Motel/Hotel vouchers
 - Food Pantry
 - Public Transportation
- Transportation
 - physicals, immunizations, documentation
 - arrange transportation to and from school
 - to complete housing applications
- Documents needed to obtain housing
 - Birth Certificates
 - Social Security Cards
 - ID
- Verify MVP Status for outreach agencies or vice versa for schools.



Family Resource Specialist

- Assist in liaisons duties as needed, including:
 - Identify homeless families
 - Assisting school liaisons in the enrollment process. Follow up as needed to ensure the rights of homeless families are being met.
 - Provide school supplies
 - Bookbags, pencils, folders, clothing for PE
 - Cell Phones for *Unaccompanied Youth*
 - Hygiene items (including LICE kits)
- Assist the school in reviewing the identification process
 - Registration
 - Ongoing communication with Liaison and Data Entry Clerk
 - Address barriers in schools and assist in a plan to eliminate barriers as needed
- Training staff on MVP
 - 0-3
 - Truancy
 - Secretaries
 - School Nurses
 - Outreach-Community Action Agencies



What are the common barriers I see...

- School identification
- Reliable communication with families
- Access to healthcare, food and cash assistance
- Obtaining the documents needed for social assistance programs and/or housing applications
 - ID Cards
 - Birth Certificates
 - Social Security Cards



Proof of Residency-Use Homeless Affidavit Form

- Per McKinney-Vento Law a school must enroll the homeless child or youth, even if the child or youth is unable to produce the records normally required for enrollment.
- Examples include:
 - previous academic records
 - records of immunization and other required health records
 - proof of residency
 - proof of guardianship
 - birth certificates
 - missed application or enrollment deadlines during a period of homelessness or has outstanding fees.
- Schools must develop affidavits of residence or other forms to replace typical proof of residency.

ISBE-MKV HOMELESS AFFIDAVIT



**Illinois
State Board of
Education**
100 North First Street, E-222
Springfield, Illinois 62777-0001

**MCKINNEY-VENTO HOMELESS
EDUCATION HOMELESS AFFIDAVIT**

WELLNESS DEPARTMENT

This form is to be used to satisfy, on a temporary basis, district requirements for documentation of residency and/or guardianship of a homeless student.

The questionnaire is intended to address the McKinney-Vento Homeless Education Act 42 U.S.C. 11435. The answers on this form are to help determine services the student may be eligible to receive.

- Is your current address a temporary arrangement? Yes No
- Is this temporary living arrangement due to loss of housing or financial problems? Yes No

If you answered YES to any of the above questions, please complete the remainder of this form. If you answered NO, you may stop here.

Please list below the children in your care. (Attach additional sheets if necessary.)

NAME OF CHILD	DATE OF BIRTH	SEX		GRADE LEVEL	NAME OF LAST SCHOOL ATTENDED	NAME OF NEW SCHOOL
		M	F			
	/ /	<input type="checkbox"/>	<input type="checkbox"/>			
	/ /	<input type="checkbox"/>	<input type="checkbox"/>			
	/ /	<input type="checkbox"/>	<input type="checkbox"/>			
	/ /	<input type="checkbox"/>	<input type="checkbox"/>			
	/ /	<input type="checkbox"/>	<input type="checkbox"/>			
	/ /	<input type="checkbox"/>	<input type="checkbox"/>			
	/ /	<input type="checkbox"/>	<input type="checkbox"/>			
	/ /	<input type="checkbox"/>	<input type="checkbox"/>			
	/ /	<input type="checkbox"/>	<input type="checkbox"/>			
	/ /	<input type="checkbox"/>	<input type="checkbox"/>			

Where did your child/children sleep last night? Check one box only.

Shelter
 Motel/Hotel
 In a place not designated for ordinary sleeping accommodations, such as car, park, or campground.
 Other (please explain in person)

With a family of friend due to financial problems
 Unaccompanied youth

The undersigned certifies that the students' names above meet the definition of 'homeless student' as stated in the McKinney-Vento Homeless Education Act. See **NOTE** below:

Homeless Education Liaison (please print) _____

Digital or Original Signature _____

Date _____

NOTE: A representative of a homeless student is a person who temporarily or permanently is acting as the caretaker for the child(ren)/ youth. This might include the parent(s), relative, shelter provider, social worker, older sibling, grandparent, or others. The federal McKinney-Vento Act requires that homeless children be provided a free, appropriate public school education. It states that residency requirements may not be used to deny such an education to homeless children and youth.

ISBE 83-04H (11/22)

1. Presently, where are you and your family currently staying? Check one box.

Section A

Rent/own my own home.

STOP: if you rent/own your own home, sign under item 5 and submit form to school personnel.

Section B

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 motel, hotel, trailer park or campground without running water/electricity.

In a vehicle of any kind, abandoned building or substandard housing.

In an emergency/transitional shelter.

Other

CONTINUE: If you checked a box in Section B, complete the remainder of this form.

2. Have you moved in the past 3 years to seek work as a paid laborer in any type of farming (sod, dairy, chicken, vegetable, citrus, or other) or fishing? (Check One) Yes ___ No ___

3. If you checked a box in Section B, your child maybe eligible for additional educational services through Title I, Part A, Title I Part C - Migrant, or Title X, Part C - Federal McKinney-Vento Assistance Act.

Students(s) Name			SS #	M/F	D.O.B.	Grade	School Name
First	Middle	Last					

4. Would you like to be contacted by a member of the school system's Education for Homeless Children and Youth program staff? Yes No

5. The undersigned certifies that the information provided above is accurate.

Print Parent/Guardian Name/Adult Caring for Student _____ Signature _____ Date _____

(Area Code) Phone Number _____ Street Address _____ City _____ St _____ Zip _____

School Use Only

Free or Reduced Price Meals Form submitted/signed Referral Form completed/submitted

Print School Contact _____ Title _____ Signature (required) _____ Date _____

(Your District Letterhead Here)

STUDENT NIGHTTIME RESIDENCY QUESTIONNAIRE:

Please fill out the following form with the information that is the best of your knowledge:

Name of School: _____

Name of Student: _____
Last First Middle

Gender: Male Date of Birth: ____/____/____ Grade: ____
 Female Month Day Year (preschool-12)

Phone: _____

Where is the student currently living? (Please check one box.)

- "Couch surfing" or "doubled up" sharing housing with another family or other person because of loss of housing or as a result of economic hardship
- In a home without running water, heat or electricity.
- In a shelter
- In a hotel/motel
- In a car, park, bus, train, or campsite
- Other temporary living situation (Please describe): _____
- In a home that I rent or own

Print name of Parent, Guardian, or Student (for unaccompanied homeless youth)

Signature of Parent, Guardian, or Student (for unaccompanied homeless youth)

Date

*Please note that the answer provided above may be used to help district officials in determining services that your student may be able to receive under the McKinney-Vento Act. For more information, please contact the school liaison, (insert liaison's name here), at (liaison phone).

A lifeline-Getting Families Access

SafeLink Wireless®

Lifeline is a federally-sponsored program that provides a discount on communication services to eligible individuals and families. Eligibility is determined by income and/or participation in state or Federal support programs.

Through Lifeline, SafeLink subscribers are eligible to receive a mobile phone and a monthly discount on their service. SafeLink benefits are limited to one line per household. **SafeLink Wireless** is a service of **TracFone Wireless, Inc.**, a **Verizon** company.



[SAFELINK WEBSITE](#)

How Do Families Qualify?

Actual requirements vary by state, but in general to qualify for Lifeline, subscribers must either have an income that is at or below 135% of the federal Poverty Guidelines, or participate in one of the following assistance programs:

- ❖ Medicaid
- ❖ Supplemental Nutrition Assistance Program (SNAP) Food Stamps
- ❖ Supplemental Security Income (SSI)
- ❖ Federal Public Housing Assistance (Section 8)
- ❖ Veterans and Survivors Pension Benefit



DHS Applications Medical/SNAP(Food)/TANF (cash)

DHS APPLICATION

The family may be entitled to receive SNAP benefits right away if:

*gross non exempt income and liquid assets are less than your monthly rent or mortgage payment and the appropriate utility standard:

or, *have assets of \$100 or less and

- gross monthly income for the month of application is less than \$150;

or

- at least one person applying is a migrant who is "out of funds."



What Happens Next?

The application process begins the day your DHS office receives your signed application. You will be asked to come to the office for an interview or participate by phone if you are unable to come to the office.

You will be asked for various types of documents such as:

- proof of your identity
- proof of your residence
- proof of Social Security numbers for all people on your application
- other types of documents depending on your circumstances.

Families **MUST** be able to be *reached by phone* **AND** be able to come into the local office to complete an in person interview if applying for TANF or if they need an emergency LINK card.

ID Cards



OFFICE OF THE SECRETARY OF STATE
DRIVER SERVICES DEPARTMENT

2701 S. DIRKSEN PKWY.
SPRINGFIELD, IL 62723
800-252-8980
www.cyberdriveillinois.com

Homeless Status Certification

The Homeless Status Certification is provided for the listed agent or agency to affirm to the named individual's homelessness at the time this certification is completed. It must be received by the Illinois Secretary of State's office at the time of application no later than 90 days from date notarized. This certification entitles the individual to a free standard State of Illinois ID Card.

This form does not establish proof of the applicant's name, date of birth or Social Security numbers, as required by Illinois law to obtain a State ID Card. The applicant must provide separate documentation from the list of approved documents by the Illinois Secretary of State at the time of application.

Homeless Status Certification

Applicant's Name (First, Middle, Last): _____

Applicant's Date of Birth: _____

Under penalty of perjury, I swear or affirm that:

I am a homeless individual as defined by federal law and I currently reside at or receive services from the Agency whose name and address are indicated on this document. I understand that the Illinois State Identification Card (ID Card) for which I am applying will be delivered to this Agency at the address listed on this document and I must pick up the ID Card from the Agency within sixty (60) days of the Agency's receipt of the document. If I fail to collect the ID Card within this 60-day period, it will be returned to the Illinois Secretary of State.

Signature of Applicant _____

Date _____

State of Illinois County of: _____

Subscribed and sworn to before me this _____ day of _____, 20____.

Notary Public _____

(Place Notary Stamp Here)

Making any false statement on this certification is punishable by law.

Agency Name: _____

Agency Address: _____

Street (Mailing Address)

City _____ Zip Code _____

Agency Phone Number (including Area Code) _____

Agency Federal Tax ID Number or Attorney Registration Number _____

Under penalty of perjury, I swear or affirm that I am a representative of the above-referenced Agency and the applicant is a homeless person who is currently residing or receiving services from this Agency.

I acknowledge that I accept responsibility for this Agency to receive, by United States mail, and hold in a secure location the ID Card issued to the applicant and will make every effort to ensure the delivery of the ID Card to the applicant when (s)he presents himself/herself in person to the Agency.

Should the applicant not return to the Agency to pick up the ID Card within sixty (60) days of its receipt in this office, the Agency will return the ID card to the Illinois Secretary of State by marking the envelope "Return To Sender" and depositing it in the United States mail.

Date: _____

Printed Name of Agency Employee Making Certification _____

Signature of Agency Employee Making Certification _____

State of Illinois County of: _____

Subscribed and sworn to before me this _____ day of _____, 20____.

Notary Public _____

(Place Notary Stamp Here)

Making any false statement on this certification is punishable by law.

Birth Certificate For Illinois

Dph.vitals@illinois.gov Attn: McKinney Vento Program
OR
IDPH – Vital Records
Attn: McKinney Vento Program
925 E. Ridgely Avenue
Springfield, IL 62702

- ❖ Applicant must be in school, or related to a child enrolled in school, and have a McKinney Vento Liaison apply for the birth record on their behalf.
- ❖ The McKinney Vento Liaison will need to state on their school letterhead that they are a McKinney Vento Liaison.
 - Please also keep in mind, that children under the age of 18 cannot sign the form themselves. You as the Liaison will need to sign on both the “Signature of Person Receiving the Record” and “Signature of Employee making Verification Required” lines.
- ❖ A photo ID is mandatory with the application. If an employee is the one supplying the ID, it must be on a company badge, or they will also need to supply a letter of employment on company letterhead to prove that the employee does work for the shelter/organization.
- ❖ Also, if the photo ID supplied is not from the individual on the birth record you are requesting, please be sure to have the bottom of the application notarized.

Scan the original to the district then give the original to the family with a few copies.

ISBE HOMELESS BIRTH CERTIFICATE FORM

FULL NAME ON BIRTH RECORD (First, Middle, Last Prior to First Marriage/Civil Union)			
PLACE OF BIRTH (Hospital, City or Town, County, State)			
DATE OF BIRTH (Month, Day, Year)	SEX	BIRTH CERTIFICATE NUMBER (if known)	
FATHER/CO-PARENT'S NAME (First, Middle, Last Prior to First Marriage/Civil Union, Current Legal Last Name)			
MOTHER/CO-PARENT'S NAME (First, Middle, Last Prior to First Marriage/Civil Union, Current Legal Last Name)			
MAILING ADDRESS (NAME):		AGENCY NAME & AGENCY TAX ID:	
STREET ADDRESS:	CITY:	STATE:	ZIP:
<p><i>I am an individual experiencing homelessness and reside or receive services from the Agency indicated on this form. I swear or affirm under penalty of perjury that I am the individual listed above or parent of the child listed above and am requesting mine or my child's birth record. If I do not have a current valid ID, I give authorization to the Agent listed below to request the record on my behalf.</i></p>			
Signature of Person Receiving the Record: _____		Date: _____	
<small>Signature of either person listed on the above birth record or parent listed on the birth record</small>			
Signature of Employee making Verification Required			
<small>I swear or affirm under penalty of perjury that I am a representative of the Agency listed above and the requestor listed on this form is receiving services from this Agency, I am qualified and able to verify the Identity / Homeless Status of the applicant as the person entitled to receive the record.</small>			
Signature: _____		Date: _____	
IF THE ID OF THE PERSON NAMED ON THE RECORD IS INCLUDED, NO ADDITIONAL ITEMS ARE NEEDED			
IF THE PERSON RECEIVING THE RECORD DOES NOT HAVE ID, PLEASE HAVE THE VERIFYING AGENT COMPLETE THIS FORM IN THE PRESENCE OF A NOTARY, AUTHORIZING THE AGENT MAKING THE VERIFICATION TO REQUEST THE RECORD ON THEIR BEHALF. NOTARIZED SIGNATURE WILL NOT BE REQUIRED IF THE VERIFYING AGENT IS AN ATTORNEY OR MEMBER OF THE CONTINUUM.			
Subscribed and sworn to before me this _____ day of _____, 20_____			
Signature: _____		NOTARY SEAL	
<small>(Notary Public)</small>			

Notarized Authorization to Obtain Birth Record

I, _____, authorize _____
(Print Your Name) (Name of the person requesting your record on your behalf)

to request and receive a copy of my birth record. My record details are:

Name listed on the birth record (maiden) _____

Date of birth listed _____

Current Contact Information of person listed on the birth record:

Mailing Address _____

City, State, zip _____

Phone Number _____ Email _____

Signature: _____ Date Signed: _____

(Signature of person listed on the birth record)
 ***Must be signed/dated in the presence of the Notary

To Be Completed by Notary:

Subscribed and sworn to before me this _____ day of _____, 20_____

Signature: _____
(Notary Public)

NOTARY SEAL

- This release must be signed by the person listed on the birth record in the presence of a Notary.
- This original signed/notarized release must be submitted.
- The application AND release is clear to read with no alterations, no white out or scratched out information.
- The application for search of birth record this release accompanies must be completed by the person listed above who is authorized to receive the record.
- The ID submitted must be of the person authorized to receive the record. The name listed above must match the name on the ID submitted.
- This Department reserves the right to request additional information, contact the record holder or deny the request for any reason in order to protect the integrity of records on file.

Documentation from Other States:

Some states offer free birth certificates for homeless students. States I have successfully received records from include:

- California-[AFFIDAVIT](#)
- New Mexico-[AFFIDAVIT](#)
- Michigan-[Presentation with information and forms.](#) Must have an HMIS Card and verification of homelessness from a shelter or HUD program.

Schoolhouse connection has a list of waivers for birth certificates, ID, Drivers License and access for unaccompanied youth under 18.

<https://schoolhouseconnection.org/state-laws-on-vital-records/>





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ILLINOIS AREA 5
REGIONAL OFFICES OF EDUCATION

