

FIT (McKinney-Vento) Application – Caregiver, Parent, or Guardian

Caregiver Information					
Full Name:		Preferred contact method: Email Text Phone call			
Best phone number:	Best email:				
Previous residence address (please provide the full address, including the city, state, and ZIP code):					
Current residence address (If you are living in vehicle or other unsheltered location, please describe the area of Clarksville-Montgomery County where you mostly stay):					
Which of the following best describes your current re	esidential situ	ation?			
 We are doubled up with another person, or a family in their residence (apartment/house) We are living in a transitional shelter (Salvation Army, Safe House, etc.) We are living in a hotel/motel We are living in a vehicle We are living unsheltered (tent, park, campground, alley, abandoned space, etc.) Other (please describe) 					
How long have you been living in the space where y Less than one year Less than two					
How long do you intend to live in the space where you less than one year Less than two		ntly staying? More than two years			
Which of the following has directly contributed to your current residential situation? Please check all that apply. Economic Hardship Loss of job or income Rent is beyond an amount that I can currently afford to pay on my own Loss of Housing Evicted from previous residence/contract non-renewed for previous residence Landlord sold the residence where I was previously staying Natural disaster (e.g., fire, storm damage, flooding, etc.) Issues with Previous Residence Unsafe due to domestic violence, abuse, or similar circumstance Not adequate for humans to live in (e.g., plumbing or electricity issues, etc.) Other (please describe):					



The Defining Difference
On approximately what date did you become displaced from your residence?
Do you have the financial means to afford renting or owning your own residence? Yes Other (please describe):
Do you have legal custody over all students included in this application? Yes No Other (please describe):
Please mark any of the following for which students in your care need assistance: School supplies School clothing Academic support Assistance finding permanent housing Assistance with household food Assistance with medical care Assistance with mental health counseling Assistance obtaining documents (birth certificates, immunization reports, etc.) Other (please describe):



Please fill out the following section(s) for any children in your care, one per child. Once you have completed as many applications as you need, please sign the form on page 5.

Student Information - Please complete this section, one for EACH student you plan to enroll.				
Legal Last Name:				
Legal First Name:				
Date of Birth:				
Name of the school this studen	t attended at the time of your hou	sing loss (please include the city	and state):	
CMCSS school where this stud	ent is currently enrolling or attend	ling:		
Barkers Mill ES Barksdale ES Spanish Immersion Burt ES Byrns Darden ES Carmel ES Cumberland Heights ES East Montgomery ES Glenellen ES Hazelwood ES Kenwood ES Liberty ES Minglewood ES	Montgomery Central ES Moore Magnet ES Norman Smith ES Northeast ES Oakland ES Pisgah ES Ringgold ES Rossview ES St. Bethlehem ES Sango ES West Creek ES Woodlawn ES	 Kenwood MS Kirkwood MS Montgomery Central MS New Providence MS Northeast MS Richview MS Rossview MS West Creek MS 	Clarksville High Kenwood High Kirkwood High Montgomery Central HS Northeast High Northwest High Rossview High West Creek High K-12 Virtual Greenwood Complex (e.g., Alternative School) Middle College	
	on below about the student's cl			
Shirt Size: Clothing Preference:	Pants Size: Girl Boy	Shoe Size:		
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Legal Last Name:	ation – Please complete this se	ction, one for EACH student yo	ou pian to enron.	
Legal First Name:				
Date of Birth:				
Name of the school this studen	t attended at the time of your hou	sing loss (please include the city	and state):	
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Shirt Size: Clothing Preference:	Pants Size: Girl Boy	Shoe Size:		



Student Information – Please complete this section, one for EACH student you plan to enroll.					
Legal Last Name:					
Legal First Name:					
Date of Birth:					
Name of the school this studen	t attended at the time of your hou	sing loss (please include the city	and state):		
CMCSS school where this stud	ent is currently enrolling or attend	ling:			
Barkers Mill ES Barksdale ES Spanish Immersion Burt ES Byrns Darden ES Carmel ES Cumberland Heights ES East Montgomery ES Glenellen ES	Montgomery Central ES Moore Magnet ES Norman Smith ES Northeast ES Oakland ES Pisgah ES Ringgold ES Rossview ES St. Bethlehem ES	 Kenwood MS Kirkwood MS Montgomery Central MS New Providence MS Northeast MS Richview MS Rossview MS West Creek MS 	Clarksville High Kenwood High Kirkwood High Montgomery Central HS Northeast High Northwest High Rossview High West Creek High		
Hazelwood ES Kenwood ES Liberty ES Minglewood ES	Sango ES West Creek ES Woodlawn ES		K-12 Virtual Greenwood Complex (e.g., Alternative School) Middle College		
Please provide the information	on below about the student's cl	othing needs, if any.			
Shirt Size:	Pants Size:	Shoe Size:			
Clothing Preference:	Girl Boy				
Student Informa	ation - Please complete this se	ction, one for EACH student yo	ou plan to enroll.		
Legal Last Name:					
Legal First Name:					
Date of Birth:					
Name of the school this studen	t attended at the time of your hou	sing loss (please include the city	and state):		
CMCSS school where this stud	ent is currently enrolling or attend	ling:			
Barkers Mill ES Barksdale ES Spanish Immersion Burt ES Carmel ES Cumberland Heights ES East Montgomery ES Glenellen ES Hazelwood ES Liberty ES Minglewood ES	Montgomery Central ES Moore Magnet ES Norman Smith ES Northeast ES Oakland ES Pisgah ES Ringgold ES Rossview ES St. Bethlehem ES Sango ES West Creek ES Woodlawn ES	Kenwood MS Kirkwood MS Montgomery Central MS New Providence MS Northeast MS Richview MS Rossview MS West Creek MS	Clarksville High Kenwood High Kirkwood High Montgomery Central HS Northeast High Northwest High Rossview High West Creek High K-12 Virtual Greenwood Complex (e.g., Alternative School) Middle College		
Please provide the information below about the student's clothing needs, if any.					
Shirt Size:	Pants Size:	Shoe Size:			
Clothing Preference: Girl Boy					



Student Information – Please complete this section, one for EACH student you plan to enroll.					
Legal Last Name:					
Legal First Name:					
Date of Birth:					
Name of the calculation study	A standard at the ations of very beau				
Name of the school this studen	at attended at the time of your hous	sing loss (please include the city	and state):		
CMCSS school where this stud	lent is currently enrolling or attend	ing:			
CIVICOO SCHOOL WHELE THIS STUD	ent is currently enrolling of attend	ing.			
Barkers Mill ES	Montgomery Central ES	Kenwood MS	Clarksville High		
Barksdale ES	Moore Magnet ES	Kirkwood MS			
	Norman Smith ES		Kenwood High		
Spanish Immersion		Montgomery Central MS	Kirkwood High		
Burt ES	Northeast ES	New Providence MS	Montgomery Central HS		
Byrns Darden ES	Oakland ES	Northeast MS	Northeast High		
Carmel ES	Pisgah ES	Richview MS	Northwest High		
Cumberland Heights ES	Ringgold ES	Rossview MS	Rossview High		
East Montgomery ES	Rossview ES	West Creek MS	West Creek High		
Glenellen ES	St. Bethlehem ES		K-12 Virtual		
Hazelwood ES	Sango ES		Greenwood Complex		
Kenwood ES	West Creek ES				
Liberty ES	Woodlawn ES		(e.g., Alternative School)		
Minglewood ES	Woodiawii Eo		Middle College		
	on below about the student's clo	othing poods if any			
Please provide the information	on below about the student's cit	Juling needs, it ally.			
Shirt Size:	Pants Size:	Shoe Size:			
Clothing Preference:	Girl Boy				
Dy signing halavy I am at	ffirms in a the fellowing.				
By signing below, I am at	fillming the following:				
1. The information I have	provided on this form is tru	ue and accurate to the bes	t of mv knowledge or		
belief.	p. 0 1. a.		i c,cgc c.		
2. The same information,	, as well as other informatio	n that may identify me, ma	ay be shared without my		
consent with community and governmental agencies pursuant to an interagency collaboration with this					
school district.					
3. The same information, as well as other information that may identify me, may be shared without my					
consent with other CMCSS staff members for a legitimate educational purpose.					
4. My signature affirms that I have received a copy of my rights under the McKinney-Vento Act and the					
Every Student Succeeds Act (ESSA).					
Signature:	D)ate:			