

Please email copy to District Homeless Specialist

Homeless Specialist – Emily Teeter

Phone: 558-3629

E-Mail: eteeter@cr.k12.ia.us

DOCUMENTATION
of
HOMELESS CHILD OR RUNAWAY CHILD AND YOUTH FREE MEAL AND ASSOCIATED BENEFITS ELIGIBILITY

Check the Appropriate Categories

- | | |
|--|---|
| <input type="checkbox"/> Shelter/Transitional Housing | <input type="checkbox"/> Doubled Up |
| <input type="checkbox"/> Hotel/Motel | <input type="checkbox"/> Unsheltered |

Please circle:

Unaccompanied Youth? Y or N

For each child complete information below

ID #	Childs Name	Date of Birth	School	Grade	Date of Identification

I believe that these child/children are currently homeless.

Building Principal

_____ Date _____

OR

District Homeless Specialist

_____ Date _____

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