Written Notification of McKinney-Vento Determination – DISTRICT FORM

To be completed by the McKinney-Vento Liaison of a receiving school when a request for a student experiencing homelessness is declined by a public school district.

Date of Notification of Determination: ________________________________

Person completing form: ___________________________________________

Title of person completing form: ___________________________________

Name of District: __________________________________________________

In compliance with section 722(g)(3)(E) of the McKinney-Vento Homeless Assistance Act, the following written notification is provided to:

Name of Parent(s)/Guardian(s): _____________________________________

Name of Student(s): _______________________________________________

___ Check here if student is an unaccompanied youth.

After reviewing your request to enroll/serve the student(s) listed above, the request is declined. This determination was based upon the following (attach additional pages if necessary):

_________________________________________________________________

_________________________________________________________________

You have the right to appeal this decision by completing the second page of this notice or by contacting the school district’s McKinney-Vento Liaison (in person, by email or U.S. mail).

Name of District McKinney-Vento Liaison: ____________________________

Phone: __________________________ Email: ___________________________

In addition:

• The student listed above has the right to enroll immediately in the requested school pending the resolution of the dispute.

• You may provide written or verbal communication(s) to support your position regarding the student’s enrollment/service in the requested school. You may use the attached form for this notification.

• If further help is needed or desired you may contact the State Coordinator for Homeless Education at:

  Michigan Department of Education
  Office of Educational Supports, Special Populations Unit
  OFSSpecialpops@michigan.gov  517-241-6974
  608 W. Allegan St., P.O. Box 30008, Lansing, MI 48909

A copy of our state’s dispute resolution procedure for students experiencing homelessness is attached. You may contact the National Law Center on Homelessness and Poverty for additional information on the McKinney-Vento Homeless Assistance Act (www.nlchp.org). You may also seek the assistance of advocates or an attorney.
Written Notification of McKinney-Vento Appeal Request – PARENT/GUARDIAN/YOUTH

Date of Appeal: __________________________ Date of Decision Being Appealed: __________________________
Student(s): ________________________________ Grades: ________________________________
Person completing appeal form: ________________________________
Relationship to student(s), or self if unaccompanied youth: ________________________________
I may be contacted at (phone or email): ________________________________
I wish to appeal the enrollment decision made by: ________________________________
Name of School and District: ________________________________

I have been provided with (please check all that apply):

_____ A written explanation of the school’s/district’s decision
_____ The contact information of the District’s MV Liaison
_____ A copy of the District or State’s dispute resolution process for students experiencing homelessness

Optional:
Please include a brief, clear explanation of the reason(s) you wish to appeal this determination.

________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

_____ (initial) The school provided me with a copy of this form upon submission.

SUBMIT THIS FORM TO: Michigan Department of Education
Office of Educational Supports, Special Populations Unit
608 W. Allegan St., P.O. Box 30008, Lansing, MI 48909
517-241-6974 or OFSSpecialpops@michigan.gov

A copy of our state’s dispute resolution procedure for students experiencing homelessness is attached. You may contact the National Law Center on Homelessness and Poverty for additional information on the McKinney-Vento Homeless Assistance Act (www.nlchp.org). You may also seek the assistance of advocates or an attorney.
McKinney-Vento Program Complaint Form – PARENT/GUARDIAN/YOUTH

Date of Complaint ________________ Date of Incident Prompting Complaint: ________________

Person completing complaint form: ________________________________________________

Student(s): ______________________________________ Grades: ______________________

Relationship to student(s), or self, if unaccompanied youth: ____________________________

I may be contacted at (phone or email): ___________________________________________

Name of School, District and Staff Role Involved: ___________________________________

__________________________________________

Please provide a brief, clear explanation of the incident which prompted this complaint.

_____________________________________________________________________________

_____________________________________________________________________________

_____________________________________________________________________________

_____________________________________________________________________________

_____________________________________________________________________________

_____________________________________________________________________________

(Please include additional pages if necessary.)

____ (initial) The school staff offered to submit this complaint form to the MDE on my behalf.

____ (initial) I have elected to submit this form on my own behalf to the MDE.

SUBMIT THIS FORM TO:

State Coordinator for Homeless Education
Michigan Department of Education
Office of Educational Supports, Special Populations Unit
608 W. Allegan St., P.O. Box 30008, Lansing, MI 48909
Email to: OFSSpecialpops@michigan.gov OR FAX to: 517-335-2886

A copy of our state’s dispute resolution procedure for students experiencing homelessness is attached.
You may contact the National Law Center on Homelessness and Poverty for additional information on the McKinney-Vento Homeless Assistance Act (www.nlchp.org). You may also seek the assistance of advocates or an attorney.