

Michigan Department of Education

Office of Field Services

Special Populations Unit

Homeless Education Program

**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 Field Services, Special Populations Unit

608 W. Allegan St., P.O. Box 30008, Lansing, MI 48909

517-373-6066 or [kies-lowep@michigan.gov](mailto:kies-lowep@michigan.gov)



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**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:**

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**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 Field Services, Special Populations Unit

608 W. Allegan St., P.O. Box 30008, Lansing, MI 48909

Email to: [kies-lowep@michigan.gov](mailto:kies-lowep@michigan.gov) OR

FAX to: 517-335-2886