

_____ **School District**

3125F

**MCKINNEY-VENTO HOMELESS EDUCATION ASSISTANCE
DISPUTE RESOLUTION FORM**

School District _____ Liaison _____
Telephone _____

Date of first contact by homeless individual, guardian, or representative _____

Homeless Student's Name _____

Describe the issue(s) in question _____

School District Contact _____ Telephone _____
(Superintendent/Principal)

Date _____ (within 7 business days)
Resolution of Liaison/School District Level (*describe below*) _____ or
Forwarded to OPI Homeless Coordinator [*please contact at (406) 444-2036*] _____

Date _____ (within 15 business days)
Resolution to OPI Homeless Coordinator Level (*describe below*) _____ or
Forwarded to Superintendent of Public Instruction _____

Describe Resolution Results _____

Homeless Coordinator Signature _____

This form must be filed with
Heather Denny
Homeless Coordinator
Office of Public Instruction
Po Box 202501
Helena, MT 59620-2501