



Illinois State Board of Education

100 North First Street, E-222
Springfield, Illinois 62777-0001

MCKINNEY-VENTO HOMELESS EDUCATION CAREGIVER AUTHORIZATION

WELLNESS DEPARTMENT

This form is intended to address the McKinney-Vento Homeless Education Assistance Improvements Act of 2011 (P.L. 107-110) requirement that homeless children are to have access to education and other services. The McKinney-Vento Act specifically states that barriers to enrollment must be removed. In some cases, a child or youth who is homeless may not be able to reside with his/her parent or guardian.

Instructions: To authorize enrollment in school of a minor, complete items 1 through 4 and sign the form. To authorize enrollment and school-related medical care, complete 1 through 7 items and sign the form.

The minor named below lives in my home, and I am 18 years of age or older.

NAME OF MINOR	DATE OF BIRTH (mm/dd/yyyy)	NAME OF ADULT GIVING AUTHORIZATION
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ADDRESS (Street, City, State, and ZIP Code)

Check one or both of the following (example: if one parent was advised and the other could not be located):

- I have advised the parent(s) or other person(s) having legal custody of the minor as to my intent to authorize medical care and have received no objection from guardian(s) at this time to notify them of my intended authorization.
- I am unable to contact the parent(s) or legal guardian(s) at this time to notify them of my intended authorization.

CAREGIVER'S DATE OF BIRTH (mm/dd/yyyy)

CAREGIVER'S STATE DRIVER'S LICENSE NUMBER

I declare under penalty of perjury under the laws of this state that the foregoing information is true and correct.

Caregiver:

Name (Please print)	Digital or Original Signature	Date
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Unaccompanied youth:

Name (Please print)	Digital or Original Signature	Date
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Homeless Liaison: LEA Area Liaison

Name (Please print)	Digital or Original Signature	Date
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