

To: **Food and Nutrition**
Phone: 558-2305
Fax: 558-2326

AND

To: **Homeless Liaison**
558-3629 Emily Teeter
Fax: 319-398-2347
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 Liaison

_____ Date _____

***Fax copy to Food and Nutrition and to District Homeless Liaison.**