



File Name: \_\_\_\_\_  
Status: HOMELESS  
Category: Free

**Homeless—McKinney-Vento Education Act  
Free lunch and Breakfast Documentation Fee Waiver**

Student Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

School: \_\_\_\_\_

Student ID#: \_\_\_\_\_

Grade: \_\_\_\_\_

Effective Date: \_\_\_\_\_

Category: \_\_\_\_\_ Free \_\_\_\_\_

School Authorizing Signature:

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

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**Please fax form to both of the following:**

Nutrition Services  
Attn: JAN DAVIS  
Fax #: 402-7699

Homeless Programs  
Attn: MARY ANN NIELSON  
Fax #: 401-5337

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Nutrition Services

Signature of Approving Official: \_\_\_\_\_ Date: \_\_\_\_\_

District Homeless Programs

Signature of Homeless Liaison: Mary Ann Nielson Date: \_\_\_\_\_  
\_\_\_\_\_