**McKinney-Vento**

**Collaboration Form**

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| Collaborator Name (Organization and Department Name): | | | |
| Mailing Address: | | | |
| City: | | | Zip: |
| Office Phone: | Cell Phone: | Fax: | E-mail: |

Type of collaboration (check one):

**☐** In-District Collaboration (examples: Music Department, PTA, Special Education, Migrant Department, etc.)

**☐** Other Organization/Agency Collaboration (examples: Girl Scouts, Boys and Girls Club, Baptist Church, Lion’s Club, YMCA Family Shelter, Safe Place Domestic Violence Shelter, etc.)

List the specific services and/or items this collaborator will provide to support the McKinney-Vento program.

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| Collaborator’s Signature:  Chief Executive Officer |  |
| Title or Position: |  |
| Date: |  |

This document must be signed as evidence of the collaboration between the district and the entity/entities with which the district has and will collaborate in the planning and implementation of the ***Education of Homeless Children and Youth Program***.