

**Registration Form – Federal Programs**

**Federal Programs Supportive Services Network Form 2017-2018 School Year**

You may qualify for services under the following four programs. If you check **YES** to any of these programs, **please complete all information at the bottom of the page.**

**\*\*Please submit completed forms to any DPS school OR fax directly to the program office\*\***

**Homeless Education Network**  
**Title X**  
**Fax: 720-545-0425**  
**Website: <http://hen.dpsk12.org/>**

*Under the McKinney-Vento Act, students experiencing homelessness have the right to immediately enroll in their attendance area public school, even if they do not have the documents required for enrollment. Alternately, they may continue to attend their school of origin.*

You can be considered **Homeless** if your living situation is one of the following, please check the boxes that apply:

**YES**

- Shelter
- Motel
- Transitional Housing
- Living with family or friends due to loss of housing
- Inadequate Housing (no kitchen or bath)
- Unsheltered
- Unaccompanied youth (not in custody of parent/guardian and in one of the above situations)

**Eligibility for Free Services**  
**Under Title I-C**  
**Fax: 720-633-9063**

Your student may be eligible to receive supplemental educational services if you or a family member has/had sought or obtained one of the following jobs, please check the boxes that apply:

**YES**

- Vegetables/fruits/seeds (including canning and packaging)
- Farm/Ranch (including dairy & sod)
- Meat packing plant/slaughter house
- Poultry/egg plant
- Greenhouse/Nursery
- Christmas tree processing/forestry
- Orchards
- Other Agricultural business: \_\_\_\_\_

**Native American Student Support Program (NASSP), Title VI**

Is your student:  
American Indian, Alaska Native or **YES**   
Native Hawaiian?

➔ If YES, please complete a 506 form, located at each DPS school or contact the **Indian Education Program Office** at 720-423-2042. Contact Indian Education about support services available for your student.

**Foster Care and Military**

**Foster Care:**  
*Is your child any of the following?*

Foster Care (non-relative)?  Yes  No  
Foster Care (relative)?  Yes  No

**Military:**  
Student of a military family?  Yes  No

Have you moved into Denver within the past 3 years? **YES**  **NO**

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

From where? \_\_\_\_\_

**Immigrant and Refugee**  
**Fax: 720-423-1586**

Do you identify yourself as an **immigrant or refugee?** **YES**

Country of origin: \_\_\_\_\_  
Number of years in the U.S.: \_\_\_\_\_  
Language(s) spoken in home: \_\_\_\_\_

Student #1's Full Name: \_\_\_\_\_ DPS School: \_\_\_\_\_ Grade: \_\_\_\_\_

Student #2's Full Name: \_\_\_\_\_ DPS School: \_\_\_\_\_ Grade: \_\_\_\_\_

Student #3's Full Name: \_\_\_\_\_ DPS School: \_\_\_\_\_ Grade: \_\_\_\_\_

Student #4's Full Name: \_\_\_\_\_ DPS School: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent /Guardian Name: \_\_\_\_\_ Phone Number : (\_\_\_\_) \_\_\_\_\_ Current Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_



Parent/Guardian signature

Date