

Student Housing Questionnaire

Please complete one form per student.

Additional copies of this form are available at your school office.

Student Name: _____ Male Female


Date of birth: _____ Grade: _____ Age: _____

Name of school: _____

The answers to the following questions can help determine the services this student may be eligible to receive under McKinney Vento Act 42 U.S. C. 11435. **Answer BOTH questions.**

1. Is this student's home address a temporary living arrangement? Yes No

2. Is this a temporary living arrangement due to the loss of housing or economic hardship? Yes No

If you answered NO to the either of the above questions, **stop here.** 

If you answered YES to the above questions, **please complete the remainder of this form.**

Please indicate the child's/student's living situation:	Please check needed services:
<input type="checkbox"/> Temporarily with another family due to economic hardship <input type="checkbox"/> With an adult that is not a parent or legal guardian, or alone without an adult <input type="checkbox"/> Moving from place to place <input type="checkbox"/> In a hotel/motel <input type="checkbox"/> In a place not designated for ordinary sleeping accommodations such as a car, park or campsite <input type="checkbox"/> In an emergency shelter	<input type="checkbox"/> Transportation <input type="checkbox"/> Free breakfast/lunch <input type="checkbox"/> Special education services (<i>eligibility required</i>) <input type="checkbox"/> Section 504 services (<i>eligibility required</i>) <input type="checkbox"/> ELL program (<i>eligibility required</i>) <input type="checkbox"/> Gifted/Talented program (<i>eligibility required</i>) <input type="checkbox"/> Assistance getting missing enrollment records: <input type="checkbox"/> Immunizations/medical records <input type="checkbox"/> Prior academic records

List any other siblings living in this same situation:

Name	Grade	School

Name of Parent(s)/Legal Guardian(s): _____

If not living with a parent(s), name of individual student is living with: _____

Address (even if temporary): _____ City: _____ Zip: _____

Phone Number: _____ Email: _____

The undersigned certifies that the information provided above is accurate.

Print name of parent(s)/legal guardian(s)/unaccompanied youth: _____

Signature of parent/legal guardian/unaccompanied youth _____ Date _____

School counselor has contacted student/parent/guardian
 Counselor Name _____ Date _____

SCHOOL USE ONLY: If a homeless situation is possible from the information provided above:

- Give a copy of this form to the **school counselor**
- Send a copy of this form to the **district office**
- Provide the parent/guardian/unaccompanied youth with a **McKinney Vento/Homeless brochure** (downloadable from mps)