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:

☐ Temporarily with another family due to economic hardship
☐ With an adult that is not a parent or legal guardian, or alone without an adult
☐ Moving from place to place
☐ In a hotel/motel
☐ In a place not designated for ordinary sleeping accommodations such as a car, park or campsite
☐ In an emergency shelter

Please check needed services:

☐ Transportation
☐ Free breakfast/lunch
☐ Special education services (eligibility required)
☐ Section 504 services (eligibility required)
☐ ELL program (eligibility required)
☐ Gifted/Talented program (eligibility required)
☐ Assistance getting missing enrollment records:
  ☐ Immunizations/medical records
  ☐ Prior academic records

List any other siblings living in this same situation:

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<th>Name</th>
<th>Grade</th>
<th>School</th>
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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.

_________________________________________ Date
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)