

Student Housing Questionnaire

Parent/Guardian/Student:

This form is intended to address the McKinney-Vento Act 42 U.S.C. 11435. The information you provide is confidential. Your child will not be discriminated against based upon the information provided.

Please complete the following questions regarding the student's housing in order to help determine services the student may be eligible to receive.

Please identify the student's current living arrangement. Check one box.

A	<input type="checkbox"/> Permanently Housed Student who is living in a fixed, regular, and adequate housing situation. STOP: If you checked box in Section A, you do not need to complete this form or return it.
B	<input type="checkbox"/> Doubled Up Temporarily lives with another family or other person due to loss of housing, economic hardship or similar reason <input type="checkbox"/> Shelter Emergency or transitional housing <input type="checkbox"/> Hotel / Motel Living in what is not an emergency or transitional shelter and involves payment <input type="checkbox"/> Other Temporary Living Situation In a vehicle of any kind, RV park or campground, abandoned building, substandard housing, public or private places not designed for regular sleeping accommodations. <input type="checkbox"/> Unaccompanied Youth A youth who is not in the physical custody of a legal guardian. <input type="checkbox"/> Awaiting Foster Care Placement CONTINUE: If you checked a box in Section B, complete the remainder of this form and return it to your child's school.

If you checked a box in Section B, your child/children may be eligible for additional educational services through Title X, Part C- Federal McKinney-Vento Assistance Act.

Student(s) Name		M/F	Birthdate	Grade	School Name
First	Last				

The undersigned certifies that the information provided above is accurate.

Print Name of Parent/Guardian/Adult Caring for Student _____

Current Address _____
 Street Address City State Zip

Phone/Mobile/Contact # _____

Signature of Parent/Guardian/Adult Caring for Student _____ Date _____

Enrollment Staff: If parent marked any box in Section B, please forward a copy of this form to Elisse Sahlin @ D.O.