** STUDENT HOUSING QUESTIONNAIRE **

**The information on this form is required to meet The Education for Homeless Children and Youth (EHCY) program, authorized under Title VII-B of the McKinney-Vento Homeless Assistance Act (42 U.S.C. 11431 et seq.), also known as the McKinney-Vento Act. Information on this form is confidential.** False claims about living situations may affect enrollment.

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last School attended: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Current Grade:\_\_\_\_\_\_\_\_\_**

**Student Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Birth Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

*Do you have more children?* Yes No

**Address of where the student sleep last night: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parent/Guardian/Adult Caring for Student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Telephone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Is the student’s address a temporary living arrangement? YES \_\_\_\_\_ NO\_\_\_\_\_**

**NOTE: *\*\* If You Checked NO, you many STOP here. Thank you. \*\****

**If temporary, is this living arrangement due to loss of housing or economic hardship? YES \_\_\_\_\_ NO\_\_\_\_\_**

Please “X” all boxes below that best describes where the student sleeps at night, leave those blank that do not apply:

\_\_\_ In a place that does not have windows, doors, running water, heat, electricity, or is overcrowded.

\_\_\_ Staying with a friend or relative because of loss of housing, economic hardship or similar reason

  *(ex: eviction, foreclosure, fire, flood, lost job, divorce, domestic violence, kicked out by parents, ran away from home)*

\_\_\_ In a shelter or transitional housing program *(name of shelter or program):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

\_\_\_ In an unsheltered location such as: Tent, Car/Truck/Van, abandoned building, streets, campground, park, bus/train station, or another similar place.

\_\_\_ In a hotel/motel (*Name of hotel/motel*):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ With an adult that is not a parent or legal guardian, or alone without a parent.

\_\_\_ None of the above (Please explain): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

List all other children that stay in the same place

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Last Name** | **First Name** | **Grade** | **School** | **District** |
|  |  |  |  |  |
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|  |  |  |  |  |

The undersigned certified that the information provided above is accurate.

**Signature of Person Providing Information Date**

**Parent/Legal Guardian/Caregiver/Unaccompanied Student**

*For School Use Only*

***Housing type-Check all that apply and date***:

\_\_\_ Sheltered \_\_\_ Doubled-up \_\_\_ Unsheltered/FEMA/Substandard \_\_ Hotel/motel

1)Unaccompanied youth: YES\_\_ NO\_\_ 2) Transportation needed: YES\_\_\_ NO\_\_\_

Do not make copies of this form. If Section B is selected, please mail form to LEA Homeless Education Liaison. A copy should not be placed in the student’s cumulative file.

**School Personnel Who Enrolled the Student:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**