



Homeless Children and Youth Services Program Student Housing Questionnaire

The information provided below will help determine what services you and/or your child may be eligible to receive. This could include additional educational services through Title I, Part A and/or the federal McKinney-Vento Assistance Act. The information provided on this form will be kept confidential and only shared with appropriate school district and site staff.

STUDENT INFORMATION

Student Name: _____ Birthdate: _____ Grade: _____
Parent(s)/Guardian(s) Name: _____
Address: _____ City: _____
State: _____ Zip: _____ Contact Number: _____

PLEASE CHECK THE BOX BELOW WHICH BEST DESCRIBES YOUR CURRENT LIVING ARRANGEMENT

- Rent or own a home, mobile home, apartment, or condominium.
- Sharing housing with other(s) due to loss of housing, economic hardship, natural disaster, lack of adequate housing
- Temporarily living in a motel or hotel due to loss of housing, economic hardship, natural disaster, or similar reason
- Staying in a shelter (family shelter, domestic violence shelter, youth shelter) or transitional housing
- Moving from place to place/couch surfing
- Living in car, RV, park, campsite, encampment, or on the street

Living in a residence with inadequate facilities (no water, no heat, or no electricity), shed, or unconverted garage.

PLEASE LIST ANY ADDITIONAL CHILDREN LIVING WITH YOU – They qualify for services, too!

Name: _____ Birthdate: _____ Age: _____ Name: _____
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YOUR CHILD OR CHILDREN MAY HAVE THE RIGHT TO:

*Immediate enrollment in the school they last attended or the local school where you are currently staying, even if you do not have all the documents needed to enroll. *Continue to attend their school of origin. *Receive transportation to and from their school of origin. *Receive special programs and services. *Free school meals. *Receive the full protections and services provided under all federal and state laws, as it relates to homeless children and youth.

As the parent/guardian of the above-named child, I declare under penalty of perjury under the laws of the State of California that the information provided here is true and correct.

Signature: _____ Date: _____

FOR DISTRICT PERSONNEL ONLY

For data collection purposes and student information system coding. Student not covered

by the McKinney-Vento Act.

Student covered by McKinney-Vento Act

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