

Lewistown District #97

Please fill out below information to help us identify if your family may qualify for any additional assistance.

Confidential Information

Check the appropriate box that applies to your family's current living situation:

- with relatives or others due to lack of housing
- in a shelter
- at a train or bus station, park, or in a car
- In a motel/hotel, camp ground, or other similar situation due to lack of alternative adequate housing
- In an abandoned apartment/building or substandard housing
- temporarily housed in shelter awaiting DCFS permanent foster care placement
- disaster victim
- Other Explain _____

Only fill out next portion if you have checked any of the above boxes

Student Name	DOB	Male(M) Female(F)	Grade	Ethnicity