



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 may 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

The undersigned certified that the information provided above is accurate.

Signature of Person Providing Information
Parent/Legal Guardian/Caregiver/Unaccompanied Student

Date

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: _____