Student Housing Questionnaire

### This questionnaire is intended to help determine eligibility for services under the federal McKinney-Vento Act. The information provided is **confidential** and protected by the Family Educational Rights and Privacy Act (FERPA).

Student Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Student ID# or Date of Birth\_\_\_\_\_\_\_\_\_\_\_\_

Does the student live with a parent or legal guardian? \_\_\_\_\_Yes \_\_\_\_\_No

Does the student live in a home the parent/legal guardian rents or owns? \_\_\_\_\_Yes \_\_\_\_\_No

**If yes**, please **do not** continue completing this form.

**If no**, please continue.

Is the student in a foster care placement through the child welfare system? \_\_\_\_\_Yes \_\_\_\_\_No

**If yes**, please **do not** continue completing this form.

**If no**, please continue.

Is the student’s current nighttime residence (**check only one**):

* Sharing the housing of someone else due to loss of housing, economic hardship, or a similar reason?
* Staying in a hotel/motel or trailer because adequate housing is unavailable?
* Staying in an emergency or transitional shelter?
* Sleeping in a car, park, abandoned building, campground, or public place?
* Staying in a home without running water or electricity, or with a mold or rodent infestation?
* Staying in an overcrowded home (people are sleeping in the living room or other common areas, or more than 2 people share a single bedroom)?
* None of these

Was the student displaced from home due to:

* Natural disaster?
* Eviction, foreclosure, death or incarceration of parent/caregiver, domestic violence, or another crisis?
* None of these

**Please list other siblings and unrelated children (including children not yet in school) living at this home:**

Name Grade or Date of Birth Name Grade or Date of Birth

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Current address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Alternate phone 1: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Alternate phone 2: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Social media handles: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/guardian name(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Unaccompanied youth: OK to contact parent/guardian? \_\_\_\_\_Yes \_\_\_\_\_No

Do you have a caregiver you would like us to know about (relative or other adult)?

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The information provided is accurate.

Parent/guardian/caregiver/unaccompanied youth signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_