

Student / Family Questionnaire

STUDENT NAME: _____ **DOB:** _____

Your child(ren) may be eligible for additional educational services through the McKinney-Vento Assistance Act. Eligibility can be determined by completing this questionnaire.

- Presently, are you and / or your family in any of the following situations? Check a box
 - Staying in shelter, FEMA housing, or waiting for foster care placement.
 - Sharing the housing of others due to loss of housing, economic hardship or a similar reason (living doubled up).
 - Living in a car, park, campground public space, abandoned building, or similar substandard housing.
 - Temporarily living in a motel or hotel due to loss of housing, economic hardship or similar reason.
 - Unknown non-permanent nighttime residence.
- Unaccompanied Youth: not in the physical custody of a parent or guardian. Check a box
 - Student(s) is with an adult that is not a parent or legal guardian, or alone without an adult.
 - Student does not meet the definition of an "Unaccompanied Youth".
- If numbers 1 or 2 do not apply. STOP:**
 - If you checked this line you do **not** need to complete the remainder of this form. Submit to the school personnel.
- Fill in name of students that above information pertains to.

Student(s) Name(s)

| First | Middle | Last | DOB | Grade | School Name |
|-------|--------|------|-----|-------|-------------|
|-------|--------|------|-----|-------|-------------|

| | | | | | |
|-------|-------|-------|-------|-------|-------|
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |

The undersigned certifies that according to information provided above, the students listed meet the definition of "Homeless" as stated in the McKinney-Vento Homeless Assistance Act.

| | | |
|------------------------------|-----------|-------|
| _____ | _____ | _____ |
| Print Parent / Guardian Name | Signature | Date |

| | | | | |
|--------------|----------------|-------|-------|-------|
| _____ | _____ | _____ | _____ | _____ |
| Phone Number | Street Address | City | State | Zip |

District Homeless Liaison: Based on the information and an interview with the family, I attest that to the best of my knowledge they are eligible for benefits under the McKinney-Vento Act:

| | | | |
|--------------------|-----------|-------|-------|
| _____ | _____ | _____ | _____ |
| Print Liaison Name | Signature | Title | Date |