

STUDENT HOUSING QUESTIONNAIRE

NAME OF STUDENT:		
FIRST:	MIDDLE:	LAST:
SCHOOL:	GRADE:	AGE:
DATE OF BIRTH(Month/Day/Year):		

OTHER CHILDREN LIVING IN THE HOME:	
NAME:	SCHOOL:
NAME:	SCHOOL:
NAME:	SCHOOL:

The answers to the following questions can help determine the services this student may be eligible to receive under the McKinney-Vento Act 42 U.S.C. 11435.

Is this student's home address a temporary living arrangement, other than rental?		Yes		No
Is this a temporary living arrangement due to a loss of housing or economic hardship?		Yes		No
Is this student in a temporary foster care placement or awaiting foster care?		Yes		No
As a student, are you living with someone other than your parent or legal guardian?		Yes		No

If you answered **YES** to any of the above questions, please complete the remainder of this form.

If you answered **NO** to all of the above questions, you may stop here.

Where is this student currently living? (check box)			
	In a motel		Transitional housing (through a community agency)
	In a shelter		"Awaiting" foster care
	Moving from place to place		With more than one family in a house or apartment
	In a location not designed for sleeping accommodations such as a car, park or campsite		

ADDRESS OF CURRENT RESIDENCE:	
NAME OF MOTEL/SHELTER OF CURRENT RESIDENCE:	
NAME OF "GENERAL AREA" OF CURRENT RESIDENCE:	
PHONE NUMBER OR CONTACT NUMBER:	NAME OF CONTACT:

Print name of parent(s)/legal guardians(s): (or unaccompanied youth)	
Signature of parent/legal guardian: (or unaccompanied youth)	Date: