



Student Housing Questionnaire

Appendix 17

Information Referred by:	
Families in Transition <input type="checkbox"/>	Outside Agency <input type="checkbox"/>
Food Service (School) <input type="checkbox"/>	Self/Parent <input type="checkbox"/>
Friend/Relative <input type="checkbox"/>	School Social Worker <input type="checkbox"/>
HMLS Coalition <input type="checkbox"/>	School Staff Member <input type="checkbox"/>
Other <input type="checkbox"/>	School Transportation <input type="checkbox"/>
McKinney-Vento Certification Date: _____	

This questionnaire is intended to address the requirements of **Every Student Succeeds Act: Title IX/Part A**. The answers to questions below will assist us in determining if your student may qualify for additional educational support services. **PLEASE PRINT VERY CLEARLY, COMPLETE ONE FORM PER FAMILY, and return the questionnaire to your school's main office.**

1. How many other children/youths are in your household (even if not enrolled in school)? _____
2. Names of Students Enrolled in School (PK–grade 12) or not enrolled in school, including those ages 1-4 *(If needed, use additional paper.)*

a. Name of Student to be Enrolled:

_____	_____	_____	_____	_____	_____
First Name	MI	Last Name	Birth Date	Grade	School

b. Other Children/Youth in Your Household (even if not enrolled in school):

_____	_____	_____	_____	_____	_____
First Name	MI	Last Name	Birth Date	Grade	School
_____	_____	_____	_____	_____	_____
First Name	MI	Last Name	Birth Date	Grade	School
_____	_____	_____	_____	_____	_____
First Name	MI	Last Name	Birth Date	Grade	School
_____	_____	_____	_____	_____	_____
First Name	MI	Last Name	Birth Date	Grade	School

3. Parent's, Guardian's, or Unaccompanied Youth's Name (Print): _____

- a. **Street Address** (Location of House): _____
- b. **Length of time at this Address:** _____
- c. **Former Address:** _____
- d. **Mailing Address:** _____
- e. **Telephone:** _____ **Cell Phone:** _____ **Work Phone:** _____

The undersigned certifies that the information provided is accurate:

Parent's, Guardian's, or Unaccompanied Youth's Signature: _____ **Date:** _____

4. Complete Nighttime Residence section by placing an "X" in "Yes" or "No" boxes:

NIGHTTIME RESIDENCE	YES	NO	UHY Certified
1. My family lives in an emergency or transitional shelter (e.g., FEMA Trailer). [A]	<input type="checkbox"/>	<input type="checkbox"/>	
2. My family shares the housing of other persons due to loss of housing, economic hardship, or a similar reason; doubled-up. [B]	<input type="checkbox"/>	<input type="checkbox"/>	
3. My family lives in a car, park, temporary trailer park or campground due to lack of alternative adequate accommodations, public space, abandoned building, substandard housing, bus or train station, public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings or similar settings. [D]	<input type="checkbox"/>	<input type="checkbox"/>	
4. My family lives in a hotel or motel due to lack of alternative adequate accommodations. [E]	<input type="checkbox"/>	<input type="checkbox"/>	
5. A child/youth in my home is under the age of 16 and unaccompanied (not in the physical custody of a parent or guardian) or I am an unaccompanied youth under the age of 16 years.	<input type="checkbox"/>	<input type="checkbox"/>	
6. A child/youth in my home is 16 years of age or older and an unaccompanied youth (youth not in the physical custody of a parent or guardian) or I am an unaccompanied youth 16 years of age or older.	<input type="checkbox"/>	<input type="checkbox"/>	

5. If you marked "Yes" to any questions above, please indicate the cause by placing an "X" in the appropriate box below.

- | | | | |
|---|---|---|--|
| <input type="checkbox"/> Earthquake [E] | <input type="checkbox"/> Man-Made Disaster [D] | <input type="checkbox"/> Tornado [T] | <input type="checkbox"/> Other homelessness causes [N] |
| <input type="checkbox"/> Flooding [F] | <input type="checkbox"/> Mortgage Foreclosure [M] | <input type="checkbox"/> Tropical Storm [S] | <input type="checkbox"/> Unknown [U] |
| <input type="checkbox"/> Hurricane [H] | <input type="checkbox"/> Pandemic [P] | <input type="checkbox"/> Wildfire or Fire [W] | |

If you answered "Yes" to any of the questions above, an educational representative may contact you to find out whether your child is or you, as an unaccompanied youth, are eligible for additional educational services. **Directions for School Staff:** For students with positive responses to any of the questions, make a copy of form for your records, and send to: **McKinney-Vento Liaison.**