

USD _____

Housing Questionnaire

This form is intended to address the McKinney-Vento Act. Your answers will help determine residency documents and certain needs for the student.

Presently, where is the *student* living? (Check one)

Section A	Section B
☐ In a shelter _____ Shelter Name	☐ Choices in Section A do NOT apply.
☐ In a motel	STOP If you checked this section, you do <i>not</i> need to complete the remainder of this form.
☐ <i>Temporarily</i> with more than one family (due to loss of job, loss of housing, etc.)	
☐ In a car, park, campsite, or other place not designated for ordinary housing.	
☐ Alone without parental support (independent living Student)	
CONTINUE If you checked a box in this section, please <i>complete the rest of this form.</i>	

Student Name _____ Date of Birth _____
School _____ Grade _____ ☐ Male ☐ Female
Parent/Guardian(s) _____
Current Address _____
City _____ State _____ Zip _____ Phone _____
Last School Attended _____ City _____ State _____

THIS AREA FOR STAFF USE:

At time of enrollment, please check off documents that are presented:

Date Enrolled: _____

_____ Address Verification _____ Birth Certificate _____ Immunization _____ Previous School Records

******Please admit student immediately while documentation is being obtained******

If Section A is checked:

Instructions for Office Staff – Make a copy of the completed form. Send it via interschool mail to the McKinney-Vento Coordinator. The homeless liaison will notify Nutrition Services regarding meal status. (Meal Application not needed – only the Waiver of Confidentiality needs to be filled out for these families.)