

Housing Questionnaire

Site Name and Address

If you own/rent your home, you do not need to complete this form.

The answers to the following questions can help determine the services this student may be eligible to receive. The McKinney-Vento Act provides services and supports for children and youth experiencing homelessness. (Please see the next page for more information)

If you do not own/rent your home, please share your current living situation. Check all that apply below:

- In a motel
- In a shelter
- In someone else's house or apartment with another family – Please check one:
 - By choice
 - Due to loss of housing, economic hardship, or similar reason
- In a residence with inadequate facilities (no water, heat, electricity, etc.)
- Moving from place to place/couch surfing
- A car, park, campsite, or similar location
- Transitional Housing
- Other – Please describe:

STAFF: Review the ERSEA Procedure for follow up questions.

Name of child: _____
 First Middle Last

Birthdate: _____ Gender: _____
 Month/Day/Year

- Child is unaccompanied (not living with a parent or legal guardian)
- Child is living with a parent or legal guardian

Address of current residence: _____

Phone Number: _____ Name of contact: _____

I declare under penalty of perjury under the laws of the State of Washington that the information provided here is true and correct.

Name of parent/guardian: _____

Signature of parent/guardian: _____

Date: _____

SEC. 725. DEFINITIONS

For purposes of this subtitle:

(1) The terms “enroll” and “enrollment” include attending classes and participating fully in school activities.

(2) The term homeless children and youths' —

(A) means individuals who lack a fixed, regular, and adequate nighttime residence (within the meaning of section 103(a)(1)); and

(B) includes —

(i) children and youths who are sharing the housing of other persons due to loss of housing, economic hardship, or a similar reason; are living in motels, hotels, trailer parks, or camping grounds due to the lack of alternative adequate accommodations; are living in emergency or transitional shelters; are abandoned in hospitals;

(ii) children and youths who have a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings (within the meaning of section 103(a)(2)(C));

(iii) children and youths who are living in cars, parks, public spaces, abandoned buildings, substandard housing, bus or train stations, or similar settings; and

(iv) migratory children (as such term is defined in section 1309 of the Elementary and Secondary Education Act of 1965) who qualify as homeless for the purposes of this subtitle because the children are living in circumstances described in clauses (i) through (iii).

(3) The term unaccompanied youth' includes a youth not in the physical custody of a parent or guardian.

Additional Resources

Parent information and resources can be found at the following:

http://center.serve.org/nche/ibt/parent_res.php

<http://www.schoolhouseconnection.org/>

STAFF ONLY

Check the services that are needed or desired by the family and provide resources as soon as possible:

- | | |
|---|--|
| <input type="checkbox"/> Child care resources | <input type="checkbox"/> School transportation (if site provides) |
| <input type="checkbox"/> Clothing resources | <input type="checkbox"/> Hygiene products/toiletries |
| <input type="checkbox"/> School supplies | <input type="checkbox"/> Food resources |
| <input type="checkbox"/> Medical/dental referral | <input type="checkbox"/> Vision referral |
| <input type="checkbox"/> College/vocational/technical resources | <input type="checkbox"/> Medicaid/DSHS services – Food stamps/TANF |
| <input type="checkbox"/> Housing/shelter referral | <input type="checkbox"/> Birth certificate |
| <input type="checkbox"/> Immunization/medical records | <input type="checkbox"/> Other: |

Staff Signature: _____ Date: _____