



2025-2026

**Twin Rivers Housing Questionnaire**  
**Child Welfare & Attendance Office**  
**Student Services**

*Your child may be eligible for additional educational services through Title 1, Part A and/or federal McKinney-Vento assistance. Eligibility can be determined by completing this questionnaire.*

Student(s) Name	Male/Female	School	Grade	DOB	Start Date
	<input type="checkbox"/> M <input type="checkbox"/> F				
	<input type="checkbox"/> M <input type="checkbox"/> F				
	<input type="checkbox"/> M <input type="checkbox"/> F				
	<input type="checkbox"/> M <input type="checkbox"/> F				
	<input type="checkbox"/> M <input type="checkbox"/> F				
	<input type="checkbox"/> M <input type="checkbox"/> F				

**\*\*All other children in the home not enrolled in school: Yes ☐ (Please list) No ☐**

Child's Name	Age Birth-2	Child's Name	Age 3-5

**1. Where is your child/family currently staying? (Check one box only)** *This information will be used to determine if your child qualifies for any additional assistance under the "Every Student Succeeds Act (ESSA) of 2016".*

- ☐ **A.** Own home or Renting and on the lease of a single family residence  
☐ **B.** With more than one family in a house or apartment due to economic hardship  
☐ **C.** In an emergency shelter or transitional housing program:

**Name of Program/Address:** \_\_\_\_\_

- ☐ **D.** In a motel:  
**Name of Motel/Address/Room #:** \_\_\_\_\_  
☐ **E.** Unsheltered (ie: car, camp site, outside, or a structure not intended for sleeping)  
☐ **F.** Housing that is inadequate (ie: no electricity, running water, etc.)  
☐ **G.** In a foster care placement or group home

**If B-F are checked, does your student/s need school supplies? Yes ☐ No ☐**

**2. The student(s) live(s) with:**

- ☐ Parent(s) ☐ A friend(s) ☐ A qualified relative  
☐ An adult who is not the legal guardian ☐ Unaccompanied Youth

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Current address where staying:**

\_\_\_\_\_

**(Must complete to qualify & receive services)**

**Telephone/Message Numbers** \_\_\_\_\_

**School Staff: Be sure all information is complete then SCAN this form to**  
**Sheri Canfield (sheri.canfield@trusd.net) in the Child Welfare and Attendance Office**