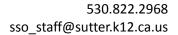


STUDENT HOUSING QUESTIONNAIRE

Stu	udent's Name:	Date of Birth:				
Scl	hool:	Grade:		Gender: _		
Sch the ed pro	hools are required to identify homeless eir families with the information, resour lucation provided to all children and you ovided the rights and services to which the Immediate enrollment in the schetime of enrollment is missing. Continued attendance in the schetime of enrollment is and from the schetime of enrollment is missing. Transportation to and from the schetime of enrollment is missing. Transportation to and from the schetime of enrollment is missing. Transportation and services provided in this form will the information provided on this form will	children and youth and unactes, and support needed to oth. Specifically, it is to ensure ney are entitled to under the ool of residence or the school of origin upon request an chool of origin upon request. To other students, including froided under all federal and stinney-Vento Act 42 U.S.C. 11	companied youth ensure they have that children and McKinney-Vento I of origin, even in d is determined t ee meals and Titl ate laws, as it rela 435 SEC. 725. DE	n. The purpose equal access I youth who a Act. These right the docume to be in the best of the set	se is to connect these students and to the free and appropriate public are experiencing homelessness are ghts may include: entation normally required at the est interest of the student.	
1.	(UNACCOMPANIED MINOR) The stude	-			ardian(s): □ Yes □ No	
2.	The student and/or the student's family is: (Check all that apply)					
	□ Living in a single-home residence that is permanent					
	☐ Sharing housing with others due to loss of housing, economic hardship, natural disaster, lack of adequate housing, or similar reason					
	☐ Temporarily living in a motel or ho	☐ Temporarily living in a motel or hotel due to loss of housing, economic hardship, natural disaster, or similar reason				
	☐ Staying in a shelter (family, domest	□ Staying in a shelter (family, domestic violence, or youth shelter) or FEMA trailer				
	 Living in a car, park, campground, abandoned building, or other inadequate accommodations (i.e., lack of water, electricity, or heat) Other: Other children currently living with the student: 					
Э.	Name	Relationship	Birthdate	Grade	School (if applicable)	
					, , , , , , , , , , , , , , , , , , ,	
	pes the student or parent have a Medi-Ca Students and their family i r signing this form, I declare that the infor	may be eligible for additional	services based o		n provided above.	
Sig	gnature:			Date:		
Ŭ	•	Relationship to the Student:				
Ph	one Number:					
Ph	ysical Address:					
Ma	ailing Address (if different):					
	our local Sutter County Homeless Liais rginia Bisby	son is:				

530-822-2969 virginiab@sutter.k12.ca.us





Your local Sutter County Homeless Liaison is: Virginia Bisby 530-822-2969 virginiab@sutter.k12.ca.us