



STUDENT HOUSING QUESTIONNAIRE

Student's Name: _____ Date of Birth: _____

School: _____ Grade: _____ Gender: _____

Schools are required to identify homeless children and youth and unaccompanied youth. The purpose is to connect these students and their families with the information, resources, and support needed to ensure they have equal access to the free and appropriate public education provided to all children and youth. Specifically, it is to ensure that children and youth who are experiencing homelessness are provided the rights and services to which they are entitled to under the McKinney-Vento Act. These rights may include:

- Immediate enrollment in the school of residence or the school of origin, even if the documentation normally required at the time of enrollment is missing.
- Continued attendance in the school of origin upon request and is determined to be in the best interest of the student.
- Transportation to and from the school of origin upon request.
- Same services as those offered to other students, including free meals and Title I.
- Full protections and services provided under all federal and state laws, as it relates to homeless children, youth, and their families.

McKinney-Vento Act 42 U.S.C. 11435 SEC. 725. DEFINITIONS

The information provided on this form will be kept confidential and will only be shared with school personnel who are responsible for providing services to the student and their families.

1. **(UNACCOMPANIED MINOR) The student is under the age of 18 and living apart from parent/guardian(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 hotel due to loss of housing, economic hardship, natural disaster, or similar reason
- ☐ 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: _____

3. **Other children currently living with the student:**

Name	Relationship	Birthdate	Grade	School (if applicable)

Does the student or parent have a Medi-Cal Partnership Card? ☐ Yes ☐ No

Students and their family may be eligible for additional services based on information provided above.

By signing this form, I declare that the information provided above is correct and accurate.

Signature: _____ Date: _____

Print Name: _____ Relationship to the Student: _____

Phone Number: _____

Physical Address: _____

Mailing Address (*if different*): _____

Your local Sutter County Homeless Liaison is:

Virginia Bisby

530-822-2969

virginiab@sutter.k12.ca.us

