



## Student Housing Questionnaire

The answers to the following questions can help determine the services this student may be eligible to receive under the McKinney-Vento Act 42 U.S.C. 11435. The McKinney-Vento Act provides services and supports for children and youth Experiencing homelessness. (Please see page 2 for more information).

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

**Stop Here**

Name of Student: \_\_\_\_\_  
First Middle Last  
Name of School: \_\_\_\_\_ Grade: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_  
Month/Day/Year  
Gender: \_\_\_\_\_  
☐ Student is unaccompanied (not living with a parent or legal guardian) (UY)  
☐ Student is living with a parent or legal guardian

B. If you do not own/rent your own home, please check all that apply below:

- |   |  |
|---|--|
| <input type="checkbox"/> In a motel   | <input type="checkbox"/> A car, park, campsite, or similar location. |
| <input type="checkbox"/> In a shelter   | <input type="checkbox"/> Moving from place to place/ couch surfing   |
| <input type="checkbox"/> Transitional Housing   |  |
| <input type="checkbox"/> In someone else's house or apartment with another family (due to loss of housing or economic hardship) |  |
| <input type="checkbox"/> In a residence with inadequate facilities (no water, heat, electricity, etc.)                          |  |
| <input type="checkbox"/> Other _____  |  |

Continue if you checked a box in part B. Please include all children living in the above housing situation.

Sibling(s) Name		M/F	DOB	SSID#	Grade	School Name
First	Last					

ADDRESS OF CURRENT RESIDENCE: \_\_\_\_\_

PHONE NUMBER OR CONTACT NUMBER: \_\_\_\_\_ NAME OF CONTACT: \_\_\_\_\_

E-Mail address: \_\_\_\_\_ Cell phone#: \_\_\_\_\_

Print name of parent(s)/legal guardian(s)/UY: \_\_\_\_\_

\*Signature of parent/legal guardian/UY: \_\_\_\_\_ Date: \_\_\_\_\_

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

**Enrollment staff:** If parent marked any box in Section B above, please forward a copy of this form to:

**Stephanie Leitz; Phone number 360-795-3271; E-mail: [sleitz@wahksd.k12.wa.us](mailto:sleitz@wahksd.k12.wa.us)**

**Original in cumulative folder**

**For School Personnel Only:** For data collection purposes and student information system coding

☐ (N) Not Homeless ☐ (A) Shelters ☐ (B) Doubled-Up ☐ (C) Unsheltered ☐ (D) Hotels/Motels