



# Student Housing Questionnaire

Please use one form per student. If you require additional copies, please contact your school.

Name of Student: \_\_\_\_\_  
First Middle Last

Name of School: \_\_\_\_\_ Grade: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_  
Month/Day/Year

Sex:  Male  Female

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.

- 1. Is this student's home address a temporary living arrangement?  Yes  No
- 2. Is this a temporary living arrangement due to a loss of housing or economic hardship?  Yes  No
- 3. Is this student awaiting foster care?  Yes  No
- 4. As a student, are you living with someone other than your parent or legal guardian?  Yes  No

If you answered YES to **any** of the above questions, please complete the remainder of this form.  
If you answered NO to all of the above questions, you may stop here.

Where is this student currently living? (check box)

- In a motel  Transitional Housing
- In a shelter  Other \_\_\_\_\_
- With more than one family in a house or apartment
- Moving from place to place
- In a location not designed for sleeping accommodations such as a car, park or campsite

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

(OR)

NAME OF MOTEL/SHELTER OF CURRENT RESIDENCE: \_\_\_\_\_

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

Print name of parent(s)/legal guardian(s): \_\_\_\_\_  
(Or unaccompanied youth)

Signature of parent/legal guardian: \_\_\_\_\_ Date: \_\_\_\_\_  
(Or unaccompanied youth)

*High Quality Instruction for Every Child, Every Day, in Every Classroom*