

Registration Assessment

The following questions apply to your enrolled student. Responses are confidential and private information will be used to properly allocate and link services only. Statistical information, without personal and private information, will be gathered for documentation of district need. Please complete ONE FORM PER ENROLLED STUDENT.

* Required

Student Information

Thank you for your time and consideration of the following questions.

Sometimes families find themselves in difficult situations and may need extra assistance. We are available as a source of support during these difficult and stressful times. If we cannot give direct assistance, we will try to connect you with other resources for assistance. Please contact us if, at anytime, you need assistance in any situation., emergency/crisis, or otherwise.

1. Student Name* First and last name (Please list ALL of your student(s) first and last name/current age/grade) *

2. What is your student's current age?* *

3. Grade* *

Mark only one oval.

☐ PreK

☐ Kindergarten

☐ 1

☐ 2

☐ 3

☐ 4

☐ 5

☐ 6

☐ 7

☐ 8

☐ 9

☐ 10

☐ 11

☐ 12

Internet

4. Do you have internet access at home? *

Mark only one oval.

☐ Yes

☐ No

5. Do you have a desktop computer or laptop at home on which your student(s) can access the internet?

Mark only one oval.

☐ Yes

☐ No

6. Number of desktop computers available for your student(s) to use?

.....

7. Number of laptops available for your student(s) to use?

.....

Healthcare

8. Does your child have health insurance coverage? *

Mark only one oval.

☐ Yes

☐ No

9. If "Yes," in what health plan is your child currently enrolled? *

Check "No Coverage" if your child is not currently insured.

Check all that apply.

- ☐ No coverage
- ☐ Missouri Care
- ☐ United Healthcare
- ☐ Straight Medicaid (For children with disabilities only)
- ☐ Private Insurance- Please list company below
- ☐ TRICARE
- ☐ Home State Health

10. If you have private insurance, please list the provider below:

11. If "No," Would you like help in applying for coverage for your child? *

Mark only one oval.

- ☐ Yes
- ☐ No
- ☐ Not Applicable

Food Availability

12. Does your family currently receive SNAP (Food Stamp) benefits? *

Mark only one oval.

- ☐ Yes
- ☐ No

13. If "No," do you need assistance in applying for benefits? If you already have benefits or do not need them, choose "not applicable." *

Mark only one oval.

- ☐ Yes
- ☐ No
- ☐ Not applicable

14. Would you like help obtaining food for your family? *

Mark only one oval.

- ☐ Yes
- ☐ No

15. Did your child participate in the summer food program at the park, at school, or at the Slater Housing Authority? *

Mark only one oval.

- ☐ Yes
- ☐ No

Housing

16. Are you (Student) sharing the housing of other persons (grandparent, aunt, uncle, friend, etc.) due to loss of housing, economic hardship, or similar reason? *

Mark only one oval.

- ☐ Yes
- ☐ No

17. Do you (Student) currently reside at a motel/hotel, in a car, or at a campsite because your home has been damaged, or due to economic reasons? *

Mark only one oval.

☐ Yes

☐ No

18. Do you (Student) currently reside in a location that is not appropriate for people to sleep? *

Mark only one oval.

☐ Yes

☐ No

19. Are you (Student) currently residing in an emergency or transitional shelter? *

Mark only one oval.

☐ Yes

☐ No

20. Have you moved in the past three (3) years to seek/obtain temporary or seasonal work in farm related jobs such as harvesting/planting crops, feeding or processing poultry, beef, hogs and dairy products, or fishing? *

Mark only one oval.

☐ Yes

☐ No

21. Do you have any other housing or concern about your living condition that you would like assistance with? *

Mark only one oval.

☐ Yes

☐ No

22. If you answered "Yes" to the question above, please list your housing concern below:
