

# South Heart Public School Student Housing Questionnaire

*(SUBMIT ONE FORM PER FAMILY)*

This questionnaire is intended to address requirements of the McKinney-Vento Act of the Every Student Succeeds Act. Your answers to these questions will help the administration determine residency status for this student and whether or not additional support and services may be available to the student.

Student First Name	Student Last Name	Birth Date	Male or Female	Current Grade

*Please use other side for additional children*

Check Yes or No to statements 1-3 below:	Yes	No
1. Is your current residence a temporary living arrangement?		
2. Is your living arrangement due to loss of housing or economic hardship?		
3. Is your current residence inadequate for meeting physical and psychological needs?		

**IF YOU ANSWERED "NO" TO ALL OF THE QUESTIONS ABOVE STOP HERE**

*If you answered "YES" to any question above, COMPLETE the portion below:*

Where does the student stay at night? <i>(Please check one box:)</i>	
In a motel/hotel?	<input checked="" type="checkbox"/>
In a shelter?	<input type="checkbox"/>
In someone else's house or apartment – living with another family?	<input type="checkbox"/>
In a car, park, campsite, camper, or location not usually used for sleeping accommodations(unsheltered)?	<input type="checkbox"/>
In transitional living?	<input type="checkbox"/>
In a residence with inadequate facilities (no water, heat, electricity)?	<input type="checkbox"/>

Parent/Guardian Name (First, Last)	Parent Phone	Alternate Contact Name/Phone
<b>Email Address</b>		
<b>Current Address</b>		

Street

City

State

Zip

Parent/Legal Guardian Name \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

School Use Only: Administrative action:

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