



Student Housing Questionnaire

SCHOOL Data Entry:

Date: _____

Code: R____ U____

Initials: _____

This survey is intended to address the requirements of the No Child Left Behind Act: Title IX/Part A and Title I/Part C. The answers to questions below will assist us in determining if your student may qualify for additional educational support services. **PLEASE PRINT VERY CLEARLY, COMPLETE ONE PER FAMILY, and return the survey to your school's main office. ¿Habla Ud. español? Por favor doble este papel al otro lado para llenar este estudio.**

How many other children/youth are in your household (even if not enrolled in school)? _____

Names of Students Enrolled in School (PK – grade 12) or Adult School (If needed, use an additional sheet of paper.)

1. Name of Student to be Enrolled:

 First Name MI Last Name Birth Date Grade School

2. Other Children/Youth in Your Household (even if not enrolled in school):

 First Name MI Last Name Birth Date Grade School

 First Name MI Last Name Birth Date Grade School

Parent or Guardian's Name (Print): _____

Street Address (Location of House): _____

Length of time at this address: _____ Former Address: _____

Parent or Guardian's Mailing Address: _____

Telephone: _____ Cell phone: _____ Work phone: _____

Parent or Guardian's Signature: _____ Date: _____

Place an "X" in the appropriate box to answer "Yes" or "No."

| | YES | NO | CODE |
|--|-----|----|--------|
| 1. My family lives in an emergency or transitional shelter (e.g., FEMA Trailer). | | | A |
| 2. My family is sharing the housing of other persons due to loss of housing, economic hardship or a similar reason; doubled-up. | | | B |
| 3. My family is living in a car, park, temporary trailer park or campground due to lack of alternative adequate accommodations, public space, abandoned building, substandard housing, bus or train station, public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings or similar settings. | | | D |
| 4. My family lives in a hotel or motel due to lack of alternative adequate accommodations. | | | E |
| 5. A child/youth in my home is an unaccompanied youth (youth not in the physical custody of a parent or guardian). | | | Y or N |

*If you marked "Yes" to any questions above, please indicate the cause by placing an "X" in the appropriate box.

- | | | |
|--|--|--|
| <input type="checkbox"/> Man-made Disaster (Major) (D) | <input type="checkbox"/> Natural Disaster-Earthquake (E) | <input type="checkbox"/> Natural Disaster-Flooding (F) |
| <input type="checkbox"/> Natural Disaster-Hurricane (H) | <input type="checkbox"/> Mortgage Foreclosure (M) | <input type="checkbox"/> Other Homelessness Causes (N) |
| <input type="checkbox"/> Natural Disaster-Tropical Storm (S) | <input type="checkbox"/> Natural Disaster-Tornado (T) | <input type="checkbox"/> Natural Disaster-Wildfire (W) |
| <input type="checkbox"/> Unknown (U) | <input type="checkbox"/> Pandemic (P) | |

| | YES | NO |
|--|-----|----|
| 1. Have you moved to a new town to find work within the last 3 years? | | |
| 2. Did you find work in agriculture or fishing (e.g., field work, canneries, lumbering, dairy work)? | | |
| 3. Is work in agriculture or fishing a major source of income for your family? | | |

If you answered "Yes" to one or more of the questions above, an education representative may contact you to find out whether your child is eligible for additional educational services.