

McKinney-Vento Housing Questionnaire



This questionnaire can help determine the services your student(s) may be eligible to receive under the McKinney Vento Act (42 U.S.C. 11435) which provides services and supports to children experiencing homelessness.

Today' Date:

Date Rec'd by Liaison: ♥

If you own or rent your home AND are the student's parent or legal guardian, you do not need to complete this form.

Student(s) First and Last Name	M/F	Date of Birth	Grade	School Attending

Please list other children in the family who are **NOT currently enrolled in a K-12 school** and are between the **ages of 3 and 5**.

First and Last Name	M/F	Date of Birth

1. Please check all housing situations below that apply to the above named student(s):

- | | |
|--|---|
| <input type="checkbox"/> In an emergency or confidential shelter | <input type="checkbox"/> In a transitional housing program |
| <input type="checkbox"/> In a motel because of no other housing option | <input type="checkbox"/> In someone else's home or apartment |
| <input type="checkbox"/> In a residence with inadequate facilities (no water, heat, electricity, etc.) | <input type="checkbox"/> Moving from place to place/couch surfing |
| <input type="checkbox"/> In a car, RV, park, campsite, abandoned building or similar location | <input type="checkbox"/> Other: _____ |

2. Is the student's current address temporary or permanent? Temporary Permanent

- If temporary, this living arrangement is due to (check all that apply):
- | |
|--|
| <input type="checkbox"/> Loss of housing |
| <input type="checkbox"/> Economic hardship |
| <input type="checkbox"/> Other: _____ |

3. Which adult(s) does the student(s) currently live with?

- Parent(s) or legal guardian(s) name(s): _____
- Adult(s) who is not the parent or legal guardian name(s): _____
- Student lives alone with no adult(s)

The undersigned certifies that the information provided above is accurate.

Parent/Guardian/Adult caring for student (print name): _____ Phone: _____

Current Street address: _____ Email: _____

City: _____ State: _____ Zip: _____

Emergency contact name: _____ Phone: _____

Parent/Guardian/Adult caring for student (signature): _____ Date: _____

CVSD STAFF: