



STUDENT NAME: _____ DATE OF BIRTH: _____

STUDENT HOUSING QUESTIONNAIRE

The purpose of this questionnaire is to identify students living in homeless situations. Completing the information below will ensure that a homeless student is provided with the educational rights, protections, and services under the federal McKinney-Vento Homeless Education Assistance Act.

Does not apply; student is not homeless (if this box is checked, please proceed to sign and date at bottom)

If your family is experiencing homelessness, please select one of the following statements:

- Living in a shelter, including transitional housing shelters (i.e. Path of Life Family Shelter);
Please provide name of shelter: _____
Shelter Address: _____
- Living on the streets, abandoned buildings, in cars, trailers, campgrounds, public places, or housing not fit for habitation;
Please provide information regarding area in which student is living:

- Living in a hotel/motel for lack of other suitable housing; Please list name and address of hotel/motel (including room #):

- TEMPORARILY** Doubled-up; living with family or friends due to lack of adequate housing or economic hardship.
Please provide address of where student is living:

Please answer the following if you checked one of the four boxes above:

Date student moved into this address: _____

How long do you expect to be at this address? _____

Are you seeking permanent housing? _____

Is a parent living in the home with the student? _____

If not, with whom is the student living? _____ Relationship: _____

Please provide the following information for pre-school and school-age siblings (brothers and/or sisters) of the student:

NAME	GRADE	DATE OF BIRTH	SCHOOL	DISTRICT

I declare under penalty of perjury of the laws of California that the information I have provided is true and correct.

Parent/Legal Guardian/Caregiver/Unaccompanied Student

Print Name

Date

For Office Use Only:

If student qualifies for the homeless program scan and email this form to Jaemy Zavala in Pupil Services:

jzavala@riversideunified.org

Name of school site personnel receiving this form: _____

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