

## Bainbridge Island School District

### Student Housing Questionnaire

The **McKinney-Vento Homeless Assistance Act** is a federal law that ensures immediate enrollment and educational stability for homeless children and youth. By completing and returning this housing survey, you will help Bainbridge Island School District identify school and transportation services that students may be eligible to receive through the McKinney-Vento, Title X, Part C of the No Child Left Behind Act. This information will only be shared with school staff that will assist with your student's education.

School Attending: \_\_\_\_\_ Current School Year: \_\_\_\_\_

Student Full Name: \_\_\_\_\_ Current Grade: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_  Male  Female

The answers to the following questions can help in determine the services this student may be eligible to receive under the McKinney-Vento Act 42 U.S.C. 11435.

- |  |                              |                             |
|--|------------------------------|-----------------------------|
| 1. Is your current residence a temporary living arrangement?                           | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Is your living arrangement due to loss of housing or economic hardship?             | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Is this student in a temporary foster care placement or awaiting foster care?       | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. As a student, are you living with someone other than your parent or legal guardian? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

If you have answered **YES** to any of the questions, please complete the remainder of this form.

If you have answered **NO** to all of the questions, you may stop here.

Where does the student stay at night? *(Please check only one box.)*

- In a shelter/transitional housing
- With more than one family in a house, mobile home, or apartment *(doubled-up)*
- In a car, park, campsite, or location not usually used for sleeping accommodations *(unsheltered)*
- In a hotel/motel

Address of:  Current Residence \_\_\_\_\_

Name of Motel/Shelter \_\_\_\_\_

Name of "General Area" \_\_\_\_\_

Name of Contact: \_\_\_\_\_ Contact Phone Number: \_\_\_\_\_

Parent(s)/Legal guardian(s): \_\_\_\_\_  
*(Or unaccompanied youth)* *Printed Name* *Signature*

**For School Personnel Use Only**

Please check the following services that are needed:

- |  |  |   |  |
|--|--|---|--|
| <input type="checkbox"/> Counseling                | <input type="checkbox"/> LEP/Bilingual Program             | <input type="checkbox"/> Preschool Enrollment Records | <input type="checkbox"/> Mentoring             |
| <input type="checkbox"/> Childcare                 | <input type="checkbox"/> Medical/Dental/Vision Referral    | <input type="checkbox"/> Missing Enrollment Records   | <input type="checkbox"/> Special Education     |
| <input type="checkbox"/> School Transportation     | <input type="checkbox"/> Medicaid/DSHS Services            | <input type="checkbox"/> Birth Certificate            | <input type="checkbox"/> Gifted/Highly Capable |
| <input type="checkbox"/> Clothing/Uniform/PE Shoes | <input type="checkbox"/> Food Services                     | <input type="checkbox"/> Immunizations                | <input type="checkbox"/> Vocational/Technical  |
| <input type="checkbox"/> School Supplies           | <input type="checkbox"/> Extra-curricular clubs/activities | <input type="checkbox"/> Shelter                      | <input type="checkbox"/> College/FAFSA         |
| <input type="checkbox"/> Early Childhood Program   | <input type="checkbox"/> Fees (ASB, lab, library, etc)     | <input type="checkbox"/> Enrollment                   | <input type="checkbox"/> Credit Recovery       |
| <input type="checkbox"/> Housing                   | <input type="checkbox"/> Summer Program                    | <input type="checkbox"/> Tutoring                     | <input type="checkbox"/> Other _____           |

I hereby certify that the above named student qualifies for rights and services under the McKinney-Vento Act.

School Counselor/Registrar: \_\_\_\_\_ Date: \_\_\_\_\_

McKinney-Vento Liaison: \_\_\_\_\_ Date: \_\_\_\_\_