



Student Questionnaire Form (revised 3/17)

Student Name School
Date of Birth Grade M/F Date Phone/Cell #
Parent(s)/Legal Guardian(s)
Current Address

This questionnaire is intended to address the McKinney-Vento Act 42 U.S.C. 11435. The answers are confidential and help determine services the student may be eligible to receive.

It is illegal to knowingly make false statements on this form.

YES / NO - Student lives in a house/apartment owned or rented by the parent/legal guardian of the student listed above or below.

IF YES, Please sign your name on Page 2.

IF NO, Please complete Parts A, B, C, and D.

PART A. - CURRENT HOUSING SITUATION

1. TEMPORARY LIVING ARRANGEMENTS DUE TO LOSS OF HOUSING OR ECONOMIC HARDSHIP

- Living in a Shelter (family shelter, domestic violence shelter, youth shelter, or transitional living program)
Living in a motel or hotel
Living with more than one family in a house or apartment (Temporarily Doubled Up)

List name of Family

2. UNSHELTERED

- Moving from place to place
Living in a structure not usually used for housing
Living in a car, park, campsite, or outside
Housing lacks running water and/or electricity
Living in a camper
Scattered Site Housing (HUD Supplemented)

3. YES / NO - UNACCOMPANIED YOUTH (An unaccompanied youth is a student who is not in the physical custody of a legal guardian.)

PART B. - BACKGROUND SITUATION (IF #2 is CHECKED ABOVE, PLEASE CHECK ALL THAT APPLY)

- Catastrophic illness/medical expensed/disability
Natural disaster/evacuation
New to Town
Domestic issue
Loss of employment
Migrant work in fishing or agriculture
Economic Hardship/low earnings
Awaiting placement in foster care/CPS custody
Evicted/kicked out
Parent(s) involved in military deployment
House fire or other destruction
Parent incarcerated/Recently released from incarceration
Death of Parent(s)
Other (state situation)



PART C. NEEDED SERVICES – BASED ON AVAILABILITY (CHECK SERVICES NEEDED) YOU WILL BE CONTACTED BY THE HOMELESS LIAISON OR A MEMBER OF STAFF FROM THE GALVESTON INDEPENDENT SCHOOL DISTRICT.

- | | |
|--|---|
| <input type="checkbox"/> Enrollment Assistance | <input type="checkbox"/> Temporary Assistance for Needy Families (TANF) |
| <input type="checkbox"/> Free Lunch/Breakfast(Child Nutrition) | <input type="checkbox"/> Emergency Clothing/Uniforms |
| <input type="checkbox"/> Immunizations | <input type="checkbox"/> Personal Hygiene Items |
| <input type="checkbox"/> Birth Certificate | <input type="checkbox"/> Food Stamps (SNAP) Assistance |
| <input type="checkbox"/> Transportation | <input type="checkbox"/> Medicaid/CHIP Assistance |
| <input type="checkbox"/> School Supplies | <input type="checkbox"/> Other _____ |

PART D. PLEASE PROVIDE THE FOLLOWING INFORMATION FOR SCHOOL-AGE SIBLINGS (BROTHERS AND/OR SISTERS) OF THE STUDENT:

Student Name	Grade	School	Student Name	Grade	School

Name (PLEASE PRINT) _____ Signature _____ Phone No. _____

FOR SCHOOL USE ONLY: I certify the above named student(s) qualifies under the provisions of the McKinney-Vento Act. Determination of Circumstance:

Homeless Liaison _____ Date _____

- Student and Parent live with a family not homeless.
- Student comes under McKinney Vento Act. (homeless)
- Student is an Unaccompanied Youth.
- Student is in Foster Care

Services Provided:

- | | |
|--|---|
| <input type="checkbox"/> Enrollment Assistance | <input type="checkbox"/> Temporary Assistance for Needy Families (TANF) |
| <input type="checkbox"/> Free Lunch/Breakfast(Child Nutrition) | <input type="checkbox"/> Emergency Clothing/Uniforms |
| <input type="checkbox"/> Immunizations | <input type="checkbox"/> Personal Hygiene Items |
| <input type="checkbox"/> Birth Certificate | <input type="checkbox"/> Food Stamps (SNAP) Assistance |
| <input type="checkbox"/> Transportation | <input type="checkbox"/> Medicaid/CHIP Assistance |
| <input type="checkbox"/> School Supplies | <input type="checkbox"/> Other _____ |

NOTES: _____

