



STUDENT HOUSING QUESTIONNAIRE

The answers to the following questions can help determine the services this student may be eligible to receive under the McKinney-Vento Act 42 U.S.C. 11435. The McKinney-Vento Act provides services and supports for children and youth experiencing homelessness. All information will be kept confidential and will not be shared with anyone other than designated NSD staff.

1. CURRENT LIVING SITUATION:

DO YOU OWN/RENT YOUR OWN HOME/APARTMENT?

Home owner Renter Co-Resident Other

If owner or renter, skip to section 3.
If co-resident, complete co-residency form.
If other, please complete the remainder of this form.

If you do not own/rent your home, where are you and your family staying? *Please check all that apply below:*

- In an emergency / transitional shelter
- With an adult not a parent or legal guardian or alone without an adult
- Temporary in someone else's house or apartment with another family due to economic hardship or similar reason
- Moving from place to place/couch surfing
- In a motel / hotel
- In a residence with inadequate facilities (no water, heat, electricity, etc.), abandoned building or substandard housing
- A car, park, campsite, RV, tent or similar location
- Other _____

2. STUDENT INFORMATION

Student(s): Last	First	Date of Birth:	Age:	Grade:	Name of School:
		Month/Day/Year			

_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Student is living with a parent or legal guardian Student is unaccompanied (not living with a parent or legal guardian)

3. PARENT/GUARDIAN OR UNACCOMPANIED YOUTH INFORMATION

The undersigned certifies that the information provided above is accurate. PLEASE PRINT your information.

Parent(s)/legal guardian(s):
(Or unaccompanied youth) _____

Address of current residence: _____

Phone number or contact number _____ Name of contact: _____

Print name of parent/legal guardian:(Or unaccompanied youth) _____

** I declare under penalty of perjury under the laws of the State of Washington that the information provided here is true and correct and understand that it will be verified. I authorize the release of information to the Northshore School District by State and local emergency and/or transitional housing programs, and/or other business or government agencies.*

*Signature of parent/legal guardian: _____ Date: _____
(Or unaccompanied youth)

Office Managers and/or Registrars: If parent marked any box in Section 1, please forward a copy of this form to:
NSD MV Liaison, Ana Foy