

# GHC | GRANADA HILLS CHARTER HIGH SCHOOL

## STUDENT HOUSING QUESTIONNAIRE (SHQ)

The McKinney-Vento Homeless Assistance Act, part of Every Student Succeeds Act (ESSA), entitles all school-aged children experiencing homelessness access to the same free, appropriate public education that is provided to non-homeless youth. Schools are required to remove barriers to enrollment, attendance, and academic success of students experiencing homelessness. To determine eligibility, please complete this form. For additional information, please contact the Homeless Liaison at (818) 360-2361 ext 362

STUDENT FIRST NAME:		STUDENT LAST NAME:		DATE OF BIRTH:	GENDER:
SCHOOL:			GRADE:	STUDENT ID NUMBER:	
ADDRESS:			APT/UNIT:	CITY:	ZIP CODE:
PARENT/GUARDIAN NAME:				CONTACT NUMBER:	
IS THE STUDENT (CHECK ALL THAT APPLY): _____ A PARENTING TEEN? _____ AN UNACCOMPANIED YOUTH? _____ A RUNAWAY?					
Has the student transferred schools any time after completing the second year of high school? ___ YES ___ NO					

**IS THE STUDENT CURRENTLY LIVING IN ONE OF THE NIGHTTIME RESIDENCE OPTIONS LISTED BELOW?**

YES                       NO

*IF YOU ANSWERED "NO" TO THIS QUESTION, PLEASE STOP AND SIGN BELOW. IF YOU ANSWERED "YES" COMPLETE THE REMAINDER OF THE FORM.*

<input type="checkbox"/> SHELTER (EX. HOMELESS, DOMESTIC VIOLENCE...ETC) NAME:	<input type="checkbox"/> MOTEL OR HOTEL NAME:
<input type="checkbox"/> GARAGE (UNCONVERTED)	<input type="checkbox"/> CAR, TRAILER, OR CAMPSITE
<input type="checkbox"/> TEMPORARILY IN ANOTHER FAMILY'S HOUSE OR APARTMENT	<input type="checkbox"/> TEMPORARILY WITH AN ADULT WHO IS NOT THE PARENT OR GUARDIAN
<input type="checkbox"/> TRANSITIONAL HOUSING PROGRAM NAME:	<input type="checkbox"/> TRAILER/MOTOR HOME ON PRIVATE PROPERTY
<input type="checkbox"/> OTHER PLACES <u>NOT</u> DESIGNATED FOR OR ORDINARILY USED AS A REGULAR SLEEPING ACCOMMODATION FOR HUMAN BEINGS EXPLAIN: _____	

**IS THE STUDENT IN NEED OF SERVICES? \_\_\_ YES \_\_\_ NO**

*IF YES, PLEASE CHECK THE SERVICES BEING REQUESTED.*

\_\_\_ BACKPACK/SCHOOL SUPPLIES \_\_\_ HYGIENE KITS \_\_\_ TRANSPORTATION ASSISTANCE\*

**IF YOU ARE REQUESTING TRANSPORTATION ASSISTANCE, PLEASE READ AND SIGN THE AFFIDAVIT BELOW:**

*I need assistance from GHC, as I have no alternate means to deliver my child to school. I agree to have my child attend school every day and on time. I also agree to notify the school if our situation changes or we no longer require this assistance. I understand that my child must meet the eligibility criteria for transportation assistance and I must comply with sign-in and supervision requirements.*

**IF TRANSPORTATION IS DENIED, THE SCHOOL-SITE HOMELESS LIAISON WILL BE NOTIFIED. PARENT/GUARDIAN CAN APPEAL.**

PARENT/GUARDIAN'S INITIALS: \_\_\_\_\_ DATE: \_\_\_\_\_

**IS THE STUDENT IN NEED OF A REFERRAL FOR ADDITIONAL RESOURCE(S)? \_\_\_ YES \_\_\_ NO**

*IF YES, PLEASE CHECK THE REFERRAL(S) BEING REQUESTED.*

\_\_\_ CLOTHING ASSISTANCE: SHOES, CLOTHING, UNIFORMS \_\_\_ TUTORING \_\_\_ HOUSING REFERRALS \_\_\_ ASSISTANCE FOR A PARENTING TEEN

**\*\*\* Designated School Site Homeless Liaison must conference with family to facilitate the requested referral(s) \*\*\***

**Your Designated School Site Homeless Liaison is:**

Name: Sandy Mejia	Phone: (818) 360-2361 ext 362	E-mail: sandymejia@ghctk12.com
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Do you have other preschool and/or school aged children in the home? \_\_\_ YES \_\_\_ NO

**If yes, please complete an SHQ. All sibling(s) must have an SHQ on file at their school site.**

**AFFIDAVIT** – By signing this form, I declare under penalty of law in the State of California that the foregoing is true and correct. In addition, I understand that the school reserves the right to verify the above listed residence information.

**Signature of Parent/Legal Guardian/Caregiver:** \_\_\_\_\_ **Date:** \_\_\_\_\_

WWW.GHCTK12.COM

GRADES 9-12 PROGRAM - 818.360.2361 | GRADES TK-8 PROGRAM - 818.332.1363  
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