

CONFIDENTIAL STUDENT RECORD

Student Living Status

Select the appropriate response in each category – Current Living Situation and Living Arrangements for Student Information System (SIS) Identification

Unaccompanied Homeless Youth: Yes No

Current Living Situation:

- | | |
|--|---|
| <input type="checkbox"/> In a shelter
<input type="checkbox"/> Doubled up with relatives or others due to lack of housing
<input type="checkbox"/> In a motel/hotel, campground, or other similar situation due to lack of alternative, adequate housing | <input type="checkbox"/> At a train or bus station, park or in a car
<input type="checkbox"/> In an abandoned apartment or building
<input type="checkbox"/> Disaster victim
<input type="checkbox"/> Other: |
|--|---|

Living arrangements for SIS identification:

- | | |
|--|--|
| <input type="checkbox"/> In a shelter
<input type="checkbox"/> Doubled up | <input type="checkbox"/> In a hotel/motel
<input type="checkbox"/> Unsheltered (on the street, car, park, campground, abandoned building) |
|--|--|

Notes/explanation of current living situation:

Student/Family Information

Student Name	Date of Birth	Grade	School	Special Ed.	Migrant	English Learner	Received Title I-A Services
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of parent/legal guardian:

Name/relationship of person with whom student or family is doubled up:

Name of educational guardian (requires documentation):

Main contact phone number:

E-mail, if available:

Current address: _____ Move date: _____	Former address(es): _____ Move date: _____
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District Information	
School District of Origin:	School District of Residence:
School District where child(ren) attend/are served:	Sharing district contacted: <input type="checkbox"/> Yes
Name of transportation billing staff contacted:	Name of Homeless Liaison contacted:
Date of contact:	Notes:

Transportation	
Transportation provided? <input type="checkbox"/> Yes <input type="checkbox"/> No	Transportation agreement signed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Type of transportation:	
<input type="checkbox"/> School bus (including additional or extended routes)	<input type="checkbox"/> Gas card
<input type="checkbox"/> City bus/public transportation	<input type="checkbox"/> Contracted transportation service
<input type="checkbox"/> Gas reimbursement, mileage calculation:	<input type="checkbox"/> Other, please specify:
Transportation costs are shared with _____ School District	
<i>*District of origin and district of residence will share transportation costs evenly (50/50), if no other agreement is in place.</i>	
Notes:	

Resources and Services	
Must be reviewed with parent/guardian/unaccompanied homeless youth in a manner and form that is understandable, including, if necessary and to the extent feasible, in the native language. (Please check each item and initial.)	
<input type="checkbox"/> McKinney-Vento rights reviewed <ul style="list-style-type: none"> • Immediate enrollment • Rights to attend district of origin/residence • Transportation 	<ul style="list-style-type: none"> • Meal waiver/school fees/field trip waiver • Extra-curricular/enrichment resources explained • School supplies offered
<input type="checkbox"/> Student information shared with the school district sharing transportation costs	
<input type="checkbox"/> School and district staff confidentially received student information	
<ul style="list-style-type: none"> • Food service • Registration/enrollment • Transportation department 	<ul style="list-style-type: none"> • Building social worker or counselor • Building principal
<input type="checkbox"/> Community resources available and information shared	
<ul style="list-style-type: none"> • Food and clothing • Affordable permanent housing • Emergency shelter • Mental health services 	<ul style="list-style-type: none"> • Employment • Domestic abuse resources • Medical, dental, and other health services • Seasonal/holiday
<input type="checkbox"/> Current order of protection or no contact order	
<input type="checkbox"/> Other:	
Date/time shared with parent/guardian/unaccompanied homeless youth:	