



# 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