



STUDENT HOUSING QUESTIONNAIRE

The goal of the office of Equity & Access is to effectively serve students and families in transition, providing advocacy and referral services that provide a sense of empowerment and stability. To determine if your child is eligible for these services, please complete the Student Housing Questionnaire and return it to the **Main Office at your child's school**. For additional information, please contact the office of Equity & Access at (626) 933-5302.

Date: _____ School: _____

Student First Name: _____ M.I.: _____ Last Name: _____

D.O.B.: _____ Male Female Grade: _____

Address: _____ Apt. #: _____ City: _____ Zip: _____

Parent/Guardian Name: _____ Contact Number: _____

Other Programs (i.e. Adult Ed.) _____ Special Ed: yes no Designation: _____

Please list all siblings between the ages of birth and 22 years old.

Name	Birthdate	Age	Grade	School

The student(s) lives with:

- 1 parent 1 parent & another adult an adult that is not the parent or legal parent
 2 parents a relative alone with no adults

Student's Living Situation:

- In** a homeless/domestic violence shelter _____ (name of shelter)
 In a motel or hotel _____ (name of motel/hotel)
 In transitional housing program _____ (name of program)
 In a rented trailer/motor home situated on private property
 In a car, trailer or campsite, temporarily due to inadequate housing
 In a SRO (Single Room Occupancy) building – a multiple tenant home consisting of individual rooms with **shared restrooms and/or kitchen** (not an apartment building or a one bedroom).
 In a rented garage due to loss of housing
 Temporarily in another family's house or apartment **due to loss of housing, due to financial problems (e.g. loss of job, eviction, or natural disaster)**
 Temporarily with an adult that is not the parent/legal guardian due to loss of housing
 Other places not designed for, or ordinarily used as a regular sleeping accommodation for human beings (explain) _____
 Living alone, without any adult (Unaccompanied youth)

None of these options apply –

NO FURTHER INFORMATION REQUIRED AT THIS TIME.

If your housing situation changes, please notify your child's school. For school use only. This form will not be included in your child's CUM (student records).

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

Signature of Parent/Legal Guardian/Caregiver: _____ Date: _____



學生住房調查表

平等與獲取辦公室的目標是有效地為轉型中的學生和家庭提供服務，提供宣傳和推薦服務，以增強能力和穩定感。要確定您的孩子是否有資格獲得這些服務，請填寫此《學生住房調查表》，然後將此表格交回給孩子所在學校的總辦公室。有關更多信息，請聯繫平等與獲取辦公室 (Equity & Access): (626) 933-5302。

日期: _____ 學校: _____

學生名字: _____ 中間名字縮寫: _____ 姓: _____

出生日期: _____ 男 女 年級: _____

地址: _____ 公寓號碼 #: _____ 城市: _____ 郵遞區號: _____

家長/監護人姓名: _____ 聯絡號碼: _____

其他項目 (i.e. 成人教育) _____ 特殊教育: 是 否 指定項目: _____

請列出所有 0 歲至 22 歲之間的兄弟姐妹

姓名	出生日期	年齡	年級	學校

學生居住與:

- 1 位家長/父或母 1 位家長 & 其他成人 一位成人但不是父母或監護人
 2 位家長/父母 親戚 獨居沒有成年人

學生居住情況:

- 在無家可歸/家庭暴力收容中心 _____ (收容中心名字)
 在汽車旅館或一般旅館 _____ (旅館名字)
 在過渡住房方案 _____ (方案名稱)
 在私有地上的出租拖車/汽車房中
 暫時在汽車, 拖車或露營地中, 由於住房不足
 在一間單人房建築物中 – 由單個房間組成的多租戶房屋, 共用洗手間和/或廚房 (不是公寓樓或一間臥室)。
 在出租的車庫中; 由於房屋的損失
 暫時在另一個家庭的房屋或公寓中; 由於房屋的丟失, 由於經濟問題 (例如失業, 驅逐搬遷或自然災害)
 其他地方, 並非專為人類或通常用作人類常規睡眠場所 (說明) _____
 一個人住, 沒有任何成年人 (無人陪伴的青年)

這些選項均不適用 –

此時不需要其他信息。

如果您的居住情況發生變化, 請通知您孩子的學校。

僅供學校使用。

此表格不會包含在您孩子的 CUM (學生記錄) 中。

宣誓

通過簽署此表格, 在加州的法律下我聲明對上述資料是真實且正確的。此外, 據我了解, 學區保有核實上述居民信息的權利。

家長 / 法定監護人 / 照顧人員簽名: _____ 日期: _____