



# Chimacum School District 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.

**PLEASE COMPLETE AND TURN THIS FORM IN TO THE ADMINISTRATIVE ASSISTANT FOR YOUR SCHOOL BUILDING, THE CHIMACUM SCHOOL DISTRICT OFFICE OR THE SPECIAL SERVICES OFFICE. Thank you.**

**If you own/rent your own home, you do not need to complete this form.**

If you do not own/rent your own home, please check all that apply below. (Submit to District Homeless Liaison. Contact information can be found at the bottom of the page).

- In a motel
- In a shelter
- Moving from place to place/couch surfing
- In someone else's house or apartment with another family
- In a residence with inadequate facilities (no water, heat, electricity, etc.)
- A car, park, campsite, or similar location
- Transitional Housing
- Other \_\_\_\_\_

Is your living arrangement due to the loss of housing or economic hardship? Y / N

Name of Student: \_\_\_\_\_  
First Middle Last

Grade: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_  
Month/Day/Year

Please list all children (Birth through 21) in your care: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

ADDRESS OF CURRENT RESIDENCE: \_\_\_\_\_

PHONE NUMBER OR CONTACT NUMBER: \_\_\_\_\_ NAME OF CONTACT: \_\_\_\_\_

Print name of parent(s)/legal guardian(s): \_\_\_\_\_  
(Or unaccompanied youth)

\*Signature of parent/legal guardian: \_\_\_\_\_ Date: \_\_\_\_\_  
(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.

**Please return completed form to your student's school office, Chimacum District Office or the Special Services Office, Chimacum Schools, 360-302-5885.**

**District Liaison Signature:**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date

**For School Personnel Only:** For data collection purposes and student information system coding

(N) Not Homeless    (A) Shelters    (B) Doubled-Up    (C) Unsheltered    (D) Hotels/Motels

**Please check the following services that are needed or desired (not all services are available):**

- |  |  |
|--|--|
| <input type="checkbox"/> Backpacks for Kids (weekend food bags)    | <input type="checkbox"/> Smile Mobile    |
| <input type="checkbox"/> Birth certificate                         | <input type="checkbox"/> Transportation  |
| <input type="checkbox"/> Clothing/Uniform/PE shoes (clothing bank) | <input type="checkbox"/> Vision referral |
| <input type="checkbox"/> Enrollment                                | <input type="checkbox"/> Other_____      |
| <input type="checkbox"/> Food Bank                                 |  |
| <input type="checkbox"/> Free meals at school (breakfast/lunch)    |  |
| <input type="checkbox"/> Health Clinic (CHS M&W 9-3)               |  |
| <input type="checkbox"/> Medicaid/DSHS services – food stamps/TANF |  |
| <input type="checkbox"/> Medical/dental referral – medical coupons |  |
| <input type="checkbox"/> School supplies                           |  |
| <input type="checkbox"/> Shower needs                              |  |

Chimacum School District does not discriminate in any programs or activities on the basis of sex, race, creed, religion, color, national origin, age, veteran or military status, sexual orientation, gender expression or identity, disability, or the use of a trained dog guide or service animal and provides equal access to the Boy Scouts and other designated youth groups. The following employee has been designated to handle questions and complaints of alleged discrimination:

Civil Rights, Title IX, and Section 504 Coordinator  
Melinda Miller  
PO Box 278, Chimacum, WA 98325  
[melinda\\_miller@csd49.org](mailto:melinda_miller@csd49.org)  
360-302-5886

**Building services that are needed or desired (not all services are available):**

- |   |   |
|---|---|
| <input type="checkbox"/> ASB, lab fees, etc.                        | <input type="checkbox"/> Immunizations                |
| <input type="checkbox"/> Birth certificate                          | <input type="checkbox"/> Immunization/medical records |
| <input type="checkbox"/> College/FAFSA                              | <input type="checkbox"/> LEP/Bilingual program        |
| <input type="checkbox"/> Counseling                                 | <input type="checkbox"/> Missing enrollment records   |
| <input type="checkbox"/> Credit Recovery                            | <input type="checkbox"/> Music/Fine Arts              |
| <input type="checkbox"/> Early Childhood program                    | <input type="checkbox"/> Preschool enrollment records |
| <input type="checkbox"/> Extra-curricular clubs/activities          | <input type="checkbox"/> Special Education            |
| <input type="checkbox"/> Fees                                       | <input type="checkbox"/> Sports/Athletics             |
| <input type="checkbox"/> Gifted/talented                            | <input type="checkbox"/> Tutoring                     |
| <input type="checkbox"/> Graduation (On track? Supports? Tutoring?) | <input type="checkbox"/> Vocational/technical         |
|   | <input type="checkbox"/> Other_____                   |

**Notes**

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