



HACIENDA LA PUENTE UNIFIED SCHOOL DISTRICT

EQUITY AND ACCESS FAMILY ENGAGEMENT
15959 E. GALE AVE. ■ HACIENDA HEIGHTS, CALIFORNIA 91745 ■ (626) 933-5302



STUDENT HOUSING QUESTIONNAIRE

The goal of the office of Equity & Access Family Engagement is to effectively serve students and families in transition, the information provided below will help us determine what services you and/or your child may be eligible to receive. This could include 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 Family Engagement at (626) 933-5302.

Student's First Name:		Student's Last Name:		Date of Birth:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other: _____
Address:			Apt:	City:	Zip Code:
Parent/Guardian Name:				Contact Number:	
School:	Grade:	Special Education: <input type="checkbox"/> Yes <input type="checkbox"/> No Designation: _____		Other Programs (i.e. Adult Ed.) _____	

Please check one.

The student lives with:	<input type="checkbox"/> 1 parent	<input type="checkbox"/> 2 parents	<input type="checkbox"/> 1 parent & another adult	<input type="checkbox"/> a relative
	<input type="checkbox"/> an adult that is not the parent or legal guardian		<input type="checkbox"/> alone with no adults	

Presently are you and/or your family living in any of the following situations? Check (✓) all that apply.

<input type="checkbox"/>	Staying in a shelter (family shelter, domestic violence shelter, youth shelter) Name: _____
<input type="checkbox"/>	Temporarily living in a motel or hotel due to loss of housing, economic hardship, natural disaster, or similar reason Name: _____
<input type="checkbox"/>	Sharing housing with others due to loss of housing, economic hardship, natural disaster, or similar reason (Doubled-up)
<input type="checkbox"/>	In a transitional housing program (i.e. Family Solutions, Genesis House, etc.)
<input type="checkbox"/>	Living in a car, park, RV, campground, abandoned building, or other inadequate accommodations (i.e. lack of water, electricity, or heat)
<input type="checkbox"/>	In a garage (unconverted)
<input type="checkbox"/>	None of the above apply

Note: If your housing situation changes throughout the academic year, please notify your child's school. The information provided on this form will be kept confidential and only shared with appropriate district and site staff. This form will not be included in your child's student records.

Please list ALL siblings between the ages of birth and 22 years old. Complete an additional SHQ for each sibling currently enrolled in a Hacienda La Puente Unified School District school

Name	Birthdate	Age	Grade	School

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: _____



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學生住房調查表

Office of Equity & Access Family Engagement 辦公室的目標是能夠有效地為處於過渡期的學生和家庭提供服務, 下面提供的信息將幫助我們確定您和/或您的孩子可能有資格獲得哪些服務. 這可能包括提供宣傳和轉介服務, 以提供賦權感和穩定感. 要確定您的孩子是否有資格獲得這些服務, 請填寫此學生住房問卷調查表並將其交回您孩子學校的辦公室. 如需更多信息, 請致電 (626) 933-5302 聯繫 Equity & Access Family Engagement 辦公室.

學生的名字:		學生的姓氏:		生日:	性別: <input type="checkbox"/> 男 <input type="checkbox"/> 女 <input type="checkbox"/> 其他: _____
地址:			公寓:	城市:	郵遞區號:
父母/監護人 姓名:				聯繫電話號碼:	
學校:	年級:	特殊教育: <input type="checkbox"/> 是 <input type="checkbox"/> 否 定稱: _____		其他計劃項目 (例如: 成人教育.) _____	

請選擇一項.

學生與誰同住:	<input type="checkbox"/> 1 位家長 <input type="checkbox"/> 2 位家長 <input type="checkbox"/> 1 位家長 & 另一位成人 親戚 <input type="checkbox"/> 非父母或法定監護人的成年人 <input type="checkbox"/> 獨自一人
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目前您和/或您的家人是否生活在以下任何一種情況中? 勾選 (✓) 所有適用項.

<input type="checkbox"/>	住在庇護所 (家庭庇護所、家庭暴力庇護所、青少年庇護所) 名稱: _____
<input type="checkbox"/>	由於失去住房、經濟困難、自然災害或類似原因而暫時住在汽車旅館或飯店 名稱: _____
<input type="checkbox"/>	由於失去住房、經濟困難、自然災害或類似原因與他人共同居住 (加倍)
<input type="checkbox"/>	在過渡性住房計劃中 (例如, 家庭解決方案、創世紀之家等)
<input type="checkbox"/>	住在汽車、公園、房車、露營地、廢棄建築或其他不合適的住宿條件 (例如, 缺水、缺電或缺暖氣)
<input type="checkbox"/>	在車庫裡 (未改造過的)
<input type="checkbox"/>	以上均不適用

註: 如果您的住房情況在整個學年間發生變化, 請通知您孩子的學校. 此表格上提供的信息將被保密, 並且僅與適當的學區和校區工作人員共享. 此表格不會包含在您孩子的學生記錄中.

請列出出生年齡從 0 到 22 歲之間的所有兄弟姐妹. 請為目前就讀於 Hacienda La Puente 聯合學區學校的每個兄弟姐妹完成一個另外的 SHQ

姓名	生日	年齡	年級	學校

宣誓書 - 通過簽署此表格, 我聲明根據加利福尼亞州法律的規定, 上述內容是真實和正確的. 此外, 本人了解學區保留核實上述住所信息的權利.

父母/法定監護人/看護人簽名: _____ 日期: _____