

El Camino Real Charter High School

Student Housing Questionnaire (SHQ)

The McKinney-Vento Homeless Assistance Act, part of Every Student Succeeds Act (ESSA), entitles all school-aged children experiencing homelessness access to the same free, appropriate public education that is provided to non-homeless youth. Schools are required to remove barriers to enrollment, attendance, and academic success of students experiencing homelessness. To determine eligibility please complete this form. For additional information, please contact the Homeless and Foster Youth Liaison (818)595-7500.

Student First Name:	Student Last Name:	Date of Birth:	Gender:
Address:	Apt#:	City:	Zip Code:
Parent/Guardian Name:	Contact Number:	Grade:	Student ID:
Is the student: (check all that apply): a parenting teen? an unaccompanied youth? a runaway?			
Has the student transferred schools any time after completing the second year of high school? Yes No If yes, forward a copy of SHQ to school's academic counselor for AB1806 eligibility.			

Is the student currently living in one of the Nighttime Residence options listed below?

☐ YES ☐ NO

If you answered "NO" to this question, please STOP and sign below. If you answered "YES", complete the remainder of the form.

CHECK ONE OF THE NIGHTTIME RESIDENCE OPTIONS THAT BEST DESCRIBES YOUR CURRENT LIVING SITUATION DUE TO THE LOSS OF HOUSING:

Shelter (ex. Homeless, Domestic Violence...ect) 100 Name:	Motel or Hotel 110 Name:
Garage (unconverted) 100	Car, trailer, or campsite 130
Temporarily in another family's house or apartment 120	Temporarily with an adult that is not the parent or guardian 100
Transitional Housing Program 100 Name:	Trailer/motor home on private property 110
Other places <u>NOT</u> designated for or ordinarily used as a regular sleeping accommodation for human beings Explain:	

Is the student in need of services? ☐ YES ☐ NO If yes, please check the services being requested. Backpack/School Supplies Hygiene Kits Transportation Assistance *
*If you are requesting transportation assistance, please read and sign the affidavit below: I need assistance from ECRHS, as I have no alternate means to deliver my child to school. I agree to have my child attend school every day and on time. I also agree to notify the ECR if our situation changes, or we no longer require this assistance. I understand that my child must meet the eligibility criteria for transportation assistance, and I must comply with sign-in and supervision requirements. If transportation is denied, the School-Site Homeless Liaison will be notified. Parent/Guardian can appeal. Parent/Guardian Initials: Date:
Is the student in need of a referral for additional resource(s)? ☐ YES ☐ NO If yes, please check the referral(s) being requested. ☐ Clothing Assistance: Shoes, Clothing, Uniforms ☐ Tutoring ☐ Housing Referrals ☐ Assistance for a Parenting Teen ***Designated School Site Homeless Liaison must conference with family to facilitate the requested referral(s)