



Student Housing Questionnaire

SCHOOL Data Entry:

Date: _____
Code: R _____ U _____
Initials: _____

This questionnaire is intended to address the requirements of Every Student Succeeds Act: Title IX/Part A. The answers to questions below will assist us in determining if your student may qualify for additional educational support services. **PLEASE PRINT VERY CLEARLY, COMPLETE ONE FORM PER FAMILY, and return the questionnaire to your school's main office.**

1. How many other children/youths are in your household (even if not enrolled in school)? _____
2. Names of Students Enrolled in School (PK–grade 12) or not enrolled in school, including those ages 1-4 (If needed, use an additional sheet of paper.)

a. Name of Student to be Enrolled:

_____	_____	_____	_____	_____	_____
First Name	MI	Last Name	Birth Date	Grade	School

b. Other Children/Youth in Your Household (even if not enrolled in school):

_____	_____	_____	_____	_____	_____
First Name	MI	Last Name	Birth Date	Grade	School

_____	_____	_____	_____	_____	_____
First Name	MI	Last Name	Birth Date	Grade	School

3. Parent's, Guardian's, or Unaccompanied Youth's Name (Print): _____

a. Street Address (Location of House): _____

b. Length of time at this Address: _____

c. Former Address: _____

d. Mailing Address: _____

e. Telephone: _____ Cell Phone: _____ Work phone: _____

The undersigned certifies that the information provided is accurate.

Parent's, Guardian's, or Unaccompanied Youth's Signature: _____ **Date:** _____

4. Place an "X" in the appropriate box to answer "Yes" or "No".

NIGHTTIME RESIDENCE	YES	NO	CODE
1. My family lives in an emergency or transitional shelter (e.g., FEMA Trailer).			A
2. My family is sharing the housing of other persons due to loss of housing, economic hardship, or a similar reason; doubled-up.			B
3. My family is living in a car, park, temporary trailer park or campground due to lack of alternative adequate accommodations, public space, abandoned building, substandard housing, bus or train station, public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings or similar settings.			D
4. My family lives in a hotel or motel due to lack of alternative adequate accommodations.			E
5. A child/youth in my home is under 16 years of age and an unaccompanied youth (youth not in the physical custody of a parent or guardian) or I am an unaccompanied youth under the age of 16 years.			U
6. A child/youth in my home is 16 years of age or older and an unaccompanied youth (youth not in the physical custody of a parent or guardian) or I am an unaccompanied youth 16 years of age or older.			C

5. If you marked "Yes" to any questions above, please indicate the cause by placing an "X" in the appropriate box.

☐ Man-made Disaster (Major) (D)

☐ Earthquake (E)

☐ Flooding (F)

☐ Hurricane (H)

☐ Mortgage Foreclosure (M)

☐ Other Homelessness Causes (N)

☐ Pandemic (Major) (P)

☐ Tropical Storm (S)

☐ Tornado (T)

☐ Unknown (U)

☐ Wildfire (W)

If you answered "Yes" to some or all of the questions above, an educational representative may contact you to find out whether your child is or you, as an unaccompanied youth, are eligible for additional educational services.