Cheney School District Student Housing Questionnaire
The answers to the following questions can help determine the services student(s) may be eligible to receive under the McKinney-Vento Act 42 U.S.C. 11435.

Name of Student: ___________________________  First  Middle  Last

Name of School: ___________________________  Grade: _______  Teacher Name (Elem): ___________________________

Birthdate: ___________________________  Age: _______  Sex:  Male  Female

1. Is this student’s home address a temporary (not ordinary rental) living arrangement?  
   Yes  No

2. If so, is this a temporary living arrangement due to a loss of housing or economic hardship?  
   Yes  No

3. Is this student awaiting foster care placement?  
   Yes  No

4. As a student, are you living with someone who is not your parent or legal guardian?  
   Yes  No

If you answered NO to all of the above questions 1 - 4, you may STOP here.

If you answered YES to any of the above questions 1 - 4, please complete the remainder of this form.

Where is this student currently living? (check box)

- Temporarily with another family because we cannot afford or find affordable housing. (B)
- In a hotel/motel. (D)
- In a vehicle of any kind, RV park or campground, abandoned building or substandard housing. (C)
- In an emergency/transitional shelter. (A)
- Other (Please specify) ___________________________

With whom is the student currently living? (check all boxes that apply)

- parent(s)/legal guardian(s)
- alone with no adult
- an adult who is not the parent or legal guardian
- relative(s), friend(s), or other adult(s)

Will the student need transportation to and from their temporary housing?  
   Yes  No

ADDRESS OF CURRENT RESIDENCE: _____________________________________________

(OR)

NAME OF MOTEL/SHELTER OF CURRENT RESIDENCE: ______________________________

(OR)

NAME OF “GENERAL AREA” 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)

For School Staff Only: Forward questionnaire to Julie Claar at Teaching and Learning for any forms with Yes on questions 1-4

Form No. 695 (Rev. 01/23)  Maintain copy in student cumulative file  Provide copy to student’s counselor