



Long Beach Unified School District
Office of Student Support Services

Academic Year

_____-_____-_____

Student Housing Questionnaire (SHQ)

This questionnaire is intended to address the McKinney-Vento Act, U.S.C.A. 42 Section 11302 (and ***Title I of the ESEA, as amended by ESSA Section 1112 (c)(5)(B)***).

Date: _____ Name of student: _____

Birthdate: _____ School: _____ Grade: _____ Student ID: _____

Special Education: ☐ No ☐ Yes, eligibility _____ 504 Plan: ☐ No ☐ Yes

Please Check the Nighttime Residence Options that Best Describes the Student's Current Living Situation:

Section A	Section B
☐ In a shelter (ex. Family shelter, Domestic Violence, Women and Children) Name of shelter: _____ ☐ Motel/Hotel (due to loss of housing, natural disaster, economic hardship) Name of motel/hotel: _____ ☐ In a transitional housing program Name of program: _____ ☐ Living in a car, park, campground, abandoned building Location/cross streets: _____ ☐ Living in inadequate accommodations (ex. lack of water, electricity, heat) ☐ In an unconverted garage ☐ Temporarily in another family's home (due to loss of housing, natural disaster, economic hardship) ☐ Student is living apart from their parent/ legal guardian ☐ Other places NOT designed for or ordinarily used for sleeping: _____	☐ Choices in Section A do not apply to my student STOP: <i>If you have checked this section, you do not need to complete the remainder of this form. Please submit to school personnel.</i>

Name of Parent/Legal Guardian/Caregiver: _____

Current Address of **Student**: _____

City: _____ Zip: _____ Phone Number(s) _____

Email address: _____

- ☐ The address above is the same address where I can receive mail.
- ☐ I cannot receive mail at the address above. The address where I can receive mail is:

Please select any services your student(s) need assistance with:

- ☐ My student needs assistance enrolling in school

- ☐ My student does not have the needed school records for enrollment (immunizations, birth certificate, etc.)
- ☐ My student needs transportation assistance to school (public transportation)
- ☐ My student does not have the proper clothing/uniforms for school
- ☐ My student does not have enough school supplies to complete their homework/projects
- ☐ My student needs assistance meeting basic needs (i.e. toiletries, hygiene kits, etc)
- ☐ My student needs assistance accessing community resources (food banks, housing resources, counseling, etc.)

*Please list all siblings between the ages of 0 and 22 years old.
Complete a separate Student Housing Questionnaire for each child.*

Name of Sibling	DOB	Grade	School Attending	Shirt Size	Pant Size

Under the McKinney-Vento Act, U.S.C.A. 42 Section 11302 (and Title I of the ESEA, as amended by ESSA Section 1112 (c)(5)(B)), children in transitional situations have the right to:

1. Go to school, even if they do not have a permanent address
2. Enroll immediately, even if immunization records, tuberculosis skin test results, and other documents normally required for enrollment are missing
3. Choose to attend either their School of Origin (the school attended when permanently housed or any school attended within the last 15 months), or the school in the attendance area where the student is temporarily living
4. Enroll, attend classes, and fully participate in all school activities while the school arranges for the transfer of records
5. Receive transportation to and from the School of Origin, if the student/parent/guardian meets certain criteria
6. Automatic eligibility for free school meals
7. Have access to the same services and programs that are available to ALL students.

-----**AFFIDAVIT**-----

By signing this form, I declare under penalty of the laws of California that the foregoing is true and correct and of my own personal knowledge and that if called upon to testify, I would be competent to testify as to the truth of the answers. In addition, I understand that the district reserves the right to verify that the student resides at the listed address.

Signature of Parent/Legal Guardian/Caregiver/Unaccompanied Youth: _____

Name of Parent/Legal Guardian/Caregiver/Unaccompanied Youth: _____

-----**FOR SCHOOL OFFICE USE ONLY**-----

Does this student qualify as an Unaccompanied Homeless Youth?

☐ Yes ☐ No ☐ Requires Further Assessment

Please fax both sides of this form to Bethune Homeless Education Program at (562) 494-8953 or email to Maribel Gonzalez at mgonzalez@lbschools.net. Questions? Please call Bethune staff at (562) 498-2324.

Name of the school staff in contact with this family: _____

Title: _____ Date Sent: _____

The SHQ must be kept in a confidential file and should not be placed in the cumulative (paper or electronic) file.