



**CAJON VALLEY UNION SCHOOL DISTRICT
TRANSITIONAL HOUSING QUESTIONNAIRE**
(SITE: PLEASE IMMEDIATELY EMAIL COMPLETED FORM TO GAVILLAN@CAJONVALLEY.NET)

S-26
Ed. Services
Rev. 10/24

The information provided below will help the LEA determine what services you and/or your child may be eligible to receive. This could include additional educational services through Title I, Part A and/or the federal McKinney-Vento Assistance Act. The information provided on this form will be kept confidential and only shared with appropriate school district and site staff.

School: _____ **School Year:** 20____/20____ **Date:** _____

1. Presently, are you and/or your family living in any of the following situations: (mark one only)

- Permanent Housing:** My name is on the mortgage, lease, or rental agreement of my house/apartment. No other family shares this space. **(**If you mark this box, please skip to the signature and date lines at the bottom of the form)**
- Hotel or Motel
- Staying in a shelter (family shelter, domestic violence shelter, youth shelter) or Federal Emergency Management Agency (FEMA) trailer
- Temporarily with another person or family due to **loss of housing** (eviction or an inability to pay the rent or other bills, destruction of or damage to the previous home), **economic hardship** (an accident or illness, loss of employment, loss of public benefits)
- Unsheltered - car, park, campground, abandoned building or other inadequate housing
- Living alone as a minor student(s) without an adult (unaccompanied youth)

2. Please list all children currently living with you:

Student ID #	Last Name	First Name	M/F/N	Birthdate	Gr.	School Name

Your child has the right to:

- Immediate enrollment in the school they last attended (school of origin) or the local school where you are currently staying, even if you do not have all the documents normally required at the time of enrollment.
- Continue to attend their school of origin, if requested by you and it is in the best interest.
- Receive transportation to and from their school of origin, the same special programs and services, if needed, as provided to all other children, including free meals and Title I.
- Receive the full protections and services provided under all federal and state laws, as it relates to homeless children, youth, and their families.

Parent/Legal Guardian Name: _____
(Last) (First)

Phone: _____ **Alternate phone(s):** _____

Email: _____

We are currently residing at (address or location): _____
(Street) (Apt #) (City) (Zip)

Correspondence may be sent to: _____
(Street) (Apt #) (City) (Zip)

The undersigned parent/guardian certifies that the information provided above is correct and accurate.

** _____
(Signature)

** _____
(Date)