



McKinney-Vento Housing Questionnaire

This questionnaire can help determine services your student(s) may be eligible to receive under the McKinney-Vento Act (42 U.S.C. 11435) which provides services and supports to children and youth experiencing housing instability.

If you own or rent your home AND are the student's parent or legal guardian, you do not need to complete this form

Student Name _____

Age _____

Date of Birth _____

Gender _____

Please list all school age siblings residing with student:

Name	M/F	Age	Date of Birth	School	Grade
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

1. Which of the following best describes the student(s) current living situation?

☐ Sharing the housing of other persons due to: (check one)

☐ Loss of housing, economic hardship or a similar reason (example: evicted, lost job, domestic violence, etc.)

Explain: _____

☐ Long-term, cooperative living arrangement to save money or a similar reason

☐ Other (please specify): _____

☐ In a hotel, motel, trailer, RV or campsite due to: (check one)

☐ No other housing options

☐ A convenient living arrangement or waiting for an apartment or house to be ready

☐ Other (please specify): _____

☐ In an emergency or transitional shelter or in a transitional housing program

☐ In a car, park, public space, abandoned building or similar setting not ordinarily used for housing accommodations

☐ In a residence with inadequate facilities (no water, heat, electricity, etc.)

☐ Other (please specify): _____

2. How long has the student lived at this location? _____

3. Which adult(s) does the student(s) currently live with:

☐ Parent(s) or legal guardian(s)

☐ Relative, friend or other adult(s) who is not the parent or legal guardian

The undersigned certifies that the information provided above is accurate.

Parent/Guardian/Adult caring for student(s) (print name) _____

Phone _____

Parent/Guardian/Adult caring for student(s) (print name) _____

City _____

Zip _____

Parent/Guardian/Adult caring for student(s) (signature) _____

Date _____

For Internal Use

CCPS Staff: Please place completed form in the school social work services personnel box or forward to:
Lisa Simes, McKinney-Vento Support Specialist (lisa_simes@ccpsnet.net or fax: 739-6237) • phone: 639-8713