Spokane Valley HEART Consortia McKinney-Vento / Student Housing Questionnaire (EVSD)

Today's Date _____ **Initials/Date of Counselor Review** _____ **Date Rec'd by Liaison♥** _____

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

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

Student(s) First and Last Name	M/F	D.O.B.	Grade	School Attending

Please list other children in the family who are NOT currently enrolled in a K-12 school and are between the ages of 3 and 5.

First and Last Name	M/F	Date of Birth

1. Where is the student(s) listed above currently living? Check one box

- ☐ 1. In an emergency shelter, confidential shelter, or transitional housing program.
- ☐ 2. Temporarily with another family because we cannot afford our own housing (doubled-up).
- ☐ 3. In a vehicle of any kind, RV park or campground, abandoned building or substandard housing.
- ☐ 4. In a hotel/motel because of no other housing option.

<u>(If you checked #1, #2, #3 or #4 above, please COMPLETE the rest of the form.)</u>

2. Is your current address a temporary living arrangement? ☐ Yes ☐ No

Is this temporary living arrangement due to loss of housing, economic hardship or similar reason? ☐ Yes ☐ No

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

- ☐ **Parent(s) or <u>legal</u> guardian(s)** Name(s):_____
- ☐ **Adult(s) who is <u>not</u> the parent or legal guardian** Name(s):_____
- ☐ **Student lives alone with no adult**

If you checked one of the Boxes 1-4 in Question 1, your child(ren)/youth may be eligible for additional educational services through Title X, Part C- Federal McKinney-Vento Assistance Act.

The undersigned certifies that the information provided above is accurate.

Print Name of **Parent/Guardian/Adult** Caring for Student_____

Current Address_____
Street Address City State Zip

Parent/Guardian/Adult Phone/Contact #_____ Email_____

Emergency Contact Name and Phone_____

Signature of **Parent/Guardian/Adult** Caring for Student_____ Date_____

<u>Enrollment Staff</u>: If <u>Box 1, 2, 3 or 4</u> in <u>Section 1</u> is marked, please scan and email, or fax a copy of this form immediately to:
Inge Arbacauskas EVSD Homeless Liaison Phone: 241-5480 (Student Services) Fax: 927-9500 Version Nov 21 2019