



STUDENT LIVING SITUATION QUESTIONNAIRE

School: _____ Grade: _____ Date: _____

Student Name: _____ Birth date: _____ Foster Child: ___ *Yes ___ No
*If foster child, how long has the child been in the current home? _____

Please list all of your preschool and school-aged children currently living with you: (continue on back if more space is needed)

Name: _____ Birth date: _____ School Bldg: _____ Grade: _____

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Information provided on this form is confidential.

What is your current living situation? *(Based on your situation, your child may be eligible for additional services)*

___ **I own or rent my own home/apartment.** If yes, STOP here...you do not need to answer any additional questions. If no, continue...

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

___ Loss of housing due to eviction, foreclosure, or other economic hardship

Explain: _____

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

___ **At a motel, hotel, campground or similar setting due to:** (check one)

___ Lack of alternative adequate accommodations

___ A convenient living arrangement, or waiting for apartment or house to be ready

___ **In an emergency or transitional shelters (domestic violence or homeless shelters or transitional housing)**

___ **In a primary nighttime residence that is a place not designed for or ordinarily used as a regular sleeping accommodation for humans**

___ **In cars, parks, public spaces, abandoned buildings, substandard housing, bus or train stations, or similar setting**

How long do you anticipate living at this location? _____

Current Address: _____ City: _____ Zip: _____

Phone Number(s): _____

Parent/Guardian/Unaccompanied Youth Signature Date: _____

OFFICE USE ONLY: ___ McK-V ___ UnY ___ FC *If checked, complete referral form.*