

## Central Union High School District Housing Questionnaire

The information provided below will help your school 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.

| Student's Name                       |  | Date of Birth    |                      |  |  |  |  |
|--------------------------------------|--|------------------|----------------------|--|--|--|--|
| School                               | Student ID   | Grade            | Sex □ M □ F          |  |  |  |  |
| Parent/Guardian Information:         |  |                  |                      |  |  |  |  |
| Print Your Name                      |  |                  |                      |  |  |  |  |
| ResidenceStreet                      | City   |                  | Zip Code             |  |  |  |  |
|                                      | City   |                  | Zip code             |  |  |  |  |
| Mailing AddressStreet                | City   |                  | Zip Code             |  |  |  |  |
| Telephone # ( )                      | Cell Phone # ( )   |                  | -                    |  |  |  |  |
| Presently, are you or your family in | any of the following situations:   |                  |                      |  |  |  |  |
| Staying in an emergency shelter      | (family shelter, domestic violence s   | helter, youth sh | elter).              |  |  |  |  |
|                                      | person or relatives due to loss of ho<br>f home, illness, eviction, inability to | _                | • • •                |  |  |  |  |
|                                      | notel due to loss of housing or econ<br>ction, inability to pay rent, loss of e  | . ,              |                      |  |  |  |  |
|                                      | d, abandoned building, or other inacting, lack of water, electricity, or he      | •                |                      |  |  |  |  |
| Living in a permanent single-hon     | ne residence that is owned or rente  | d.               |                      |  |  |  |  |
| ☐ I am a student under the age of 3  | 18 and living apart from parent(s) o   | r guardian.      |                      |  |  |  |  |
| The undersigned parent/guardian      | certifies that the information prov  | ided above is co | orrect and accurate. |  |  |  |  |
| C'a and an                           |  |                  |                      |  |  |  |  |

Your child or children may have 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.

## Please list all children currently living with you.

| Name | Age | Date of<br>Birth | Grade | School |
|------|-----|------------------|-------|--------|
|      |     |                  |       |        |
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If you have any questions about these rights, please contact your LEA's Homeless Liaison:

Name: Melissa Hisel

Phone: 760-336-4422