

# Chimacum School District Student Housing Questionnaire

The answers to the following questions can help determine the services this student may be eligible to receive under the McKinney-Vento Act 42 U.S.C. 11435. The McKinney-Vento Act provides services and supports for children and youth experiencing homelessness.

**If you own/rent your own home, you do not need to complete this form.**

If you do not own/rent your own home, please check all that apply below. (Submit to District Homeless Liaison. Contact information can be found at the bottom of the page).

- |  |   |
|--|---|
| <input type="checkbox"/> In a motel  | <input type="checkbox"/> A car, park, campsite, or similar location |
| <input type="checkbox"/> In a shelter  | <input type="checkbox"/> Transitional Housing                       |
| <input type="checkbox"/> Moving from place to place/couch surfing                                      | <input type="checkbox"/> Other_____                                 |
| <input type="checkbox"/> In someone else’s house or apartment with another family                      |   |
| <input type="checkbox"/> In a residence with inadequate facilities (no water, heat, electricity, etc.) |   |

Is your living arrangement due to the loss of housing or economic hardship? Y / N

Name of Student: \_\_\_\_\_  
                                    First                                    Middle                                    Last

Grade: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_  
                                    Month/Day/Year

Please list all children (Birth through 21) in your care: \_\_\_\_\_

- Student is unaccompanied (not living with a parent or legal guardian)
- Student is living with a parent or legal guardian

ADDRESS OF CURRENT RESIDENCE: \_\_\_\_\_

PHONE NUMBER OR CONTACT NUMBER: \_\_\_\_\_ NAME OF CONTACT: \_\_\_\_\_

Print name of parent(s)/legal guardian(s): \_\_\_\_\_  
(Or unaccompanied youth)

\*Signature of parent/legal guardian: \_\_\_\_\_ Date: \_\_\_\_\_  
(Or unaccompanied youth)

\*I declare under penalty of perjury under the laws of the State of Washington that the information provided here is true and correct.

**Please return completed form to: Dianna Ellis, District Liaison, Chimacum Schools, 360-302-5885.**

**District Liaison Signature:**

Name

Date

**For School Personnel Only:** For data collection purposes and student information system coding

- (N) Not Homeless    (A) Shelters    (B) Doubled-Up    (C) Unsheltered    (D) Hotels/Motels

**Please check the following services that are needed or desired (not all services are available):**

- |  |  |
|--|--|
| <input type="checkbox"/> Backpacks for Kids (weekend food bags)    | <input type="checkbox"/> Smile Mobile    |
| <input type="checkbox"/> Birth certificate                         | <input type="checkbox"/> Transportation  |
| <input type="checkbox"/> Clothing/Uniform/PE shoes (clothing bank) | <input type="checkbox"/> Vision referral |
| <input type="checkbox"/> Enrollment                                | <input type="checkbox"/> Other _____     |
| <input type="checkbox"/> Food Bank                                 |  |
| <input type="checkbox"/> Free meals at school (breakfast/lunch)    |  |
| <input type="checkbox"/> Health Clinic (CHS M&W 9-3)               |  |
| <input type="checkbox"/> Medicaid/DSHS services – food stamps/TANF |  |
| <input type="checkbox"/> Medical/dental referral – medical coupons |  |
| <input type="checkbox"/> School supplies                           |  |
| <input type="checkbox"/> Shower needs                              |  |

**Building services that are needed or desired (not all services are available):**

- |   |   |
|---|---|
| <input type="checkbox"/> ASB, lab fees, etc.                        | <input type="checkbox"/> Immunizations                |
| <input type="checkbox"/> Birth certificate                          | <input type="checkbox"/> Immunization/medical records |
| <input type="checkbox"/> College/FAFSA                              | <input type="checkbox"/> LEP/Bilingual program        |
| <input type="checkbox"/> Counseling                                 | <input type="checkbox"/> Missing enrollment records   |
| <input type="checkbox"/> Credit Recovery                            | <input type="checkbox"/> Music/Fine Arts              |
| <input type="checkbox"/> Early Childhood program                    | <input type="checkbox"/> Preschool enrollment records |
| <input type="checkbox"/> Extra-curricular clubs/activities          | <input type="checkbox"/> Special Education            |
| <input type="checkbox"/> Fees                                       | <input type="checkbox"/> Sports/Athletics             |
| <input type="checkbox"/> Gifted/talented                            | <input type="checkbox"/> Tutoring                     |
| <input type="checkbox"/> Graduation (On track? Supports? Tutoring?) | <input type="checkbox"/> Vocational/technical         |
|   | <input type="checkbox"/> Other _____                  |

**Notes**

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