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.

PLEASE COMPLETE AND TURN THIS FORM IN TO THE ADMINISTRATIVE ASSISTANT FOR YOUR SCHOOL BUILDING, THE CHIMACUM SCHOOL DISTRICT OFFICE OR THE SPECIAL SERVICES OFFICE. Thank you.

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).

☐ In a motel
☐ A car, park, campsite, or similar location
☐ In a shelter
☐ Transitional Housing
☐ Moving from place to place/couch surfing
☐ Other____________________________
☐ In someone else’s house or apartment with another family
☐ 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: ____________________________________________  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 your student’s school office, Chimacum District Office or the Special Services Office, Chimacum Schools, 360-302-5885.

District Liaison Signature: ____________________________________________  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):

☐ Backpacks for Kids (weekend food bags)  ☐ Smile Mobile
☐ Birth certificate  ☐ Transportation
☐ Clothing/Uniform/PE shoes (clothing bank)  ☐ Vision referral
☐ Enrollment  ☐ Other__________________________

☐ Food Bank  ☐ Free meals at school (breakfast/lunch)
☐ Health Clinic (CHS M&W 9-3)  ☐ Medicaid/DSHS services – food stamps/TANF
☐ Medical/dental referral – medical coupons  ☐ Medical/dental referral – medical coupons
☐ School supplies  ☐ Other__________________________
☐ Shower needs

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

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

Notes

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Chimacum School District does not discriminate in any programs or activities on the basis of sex, race, creed, religion, color, national origin, age, veteran or military status, sexual orientation, gender expression or identity, disability, or the use of a trained dog guide or service animal and provides equal access to the Boy Scouts and other designated youth groups. The following employee has been designated to handle questions and complaints of alleged discrimination:

Civil Rights, Title IX, and Section 504 Coordinator
Melinda Miller
PO Box 278, Chimacum, WA 98325
Melinda.Miller@csd49.org
360-302-5886