Stanwood-Camano School District #401 McKinney Vento/Foster Care

Student Housing Questionnaire

Parent/Guardian/Student:

This form is intended to address the McKinney-Vento Act 42 U.S.C 11435 and the Foster Care Education Program Title 1 Part A. The information you provide is confidential. Your child will not be discriminated against based upon the information provided. Please complete the following questions regarding the student's housing in order to help determine services the student may be eligible to receive.

Student Name:_____

Please identify the student's current living arrangement. Check one box.

A	❑ **Permanently Housed** Student who is living a fixed, regular, and adequate housing situation. **STOP**: If you checked the box in Section A, you do not need to complete this form or return it.
B	❑ **Doubled Up** Temporarily lives with another family or other person due to loss of housing, economic hardship or similar reason. ❑ **Shelter** Emergency or transitional housing. ❑ **Hotel/Motel** Living in what is not an emergency or transitional shelter and involves payment. ❑ **Other Temporary Living Situation** In a vehicle of any kind, RV park or campground, abandoned building, substandard housing, public or private places not designed for regular sleeping accommodations. ❑ **Unaccompanied Youth** A youth who is not in the physical custody of a legal guardian. **CONTINUE:** If you checked a box in Section B, complete the remainder of this form and return it to your child's school.
C	❑ **Foster youth** A youth awaiting foster care or currently in a foster care dependency. **CONTINUE:** If you checked a box in Section C, complete the remainder of this form and return it to your child's school.

If you checked a box in Section B or C, your child/children may be eligible for additional educational services through the Federal McKinney-Vento Assistance Act or the Foster Care Education Program. Please list all children enrolling/enrolled in the district.

Student(s) Name First Last	M/F	Birth date	Grade	School Name

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

Phone/Mobile/Contact #_____

Signature of Parent/Guardian/Adult Caring for Student_____Date_____

Enrollment Staff: If the parent marked any box in Section B, please forward a copy of this form to Cayli Odegard @ D.O.