



2019-20

Twin Rivers Housing Questionnaire
Child Welfare & Attendance Office
Student Services

Your child may be eligible for additional educational services through Title I, Part A and/or federal McKinney-Vento assistance. Eligibility can be determined by completing this questionnaire.

Table with 6 columns: Student(s) Name, Male/Female, School, Grade, DOB, Start Date. Includes checkboxes for Male (M) and Female (F).

**All other children in the home not enrolled in school: Yes (checkbox) (Please list) No (checkbox)

Table with 4 columns: Child's Name, Date of Birth, Child's Name, Date of Birth.

1. Where is your child/family currently staying? (Check one box only) This information will be used to determine if your child qualifies for any additional assistance under the "Every Student Succeeds Act (ESSA) of 2016".

- Options A through G regarding housing: A. Own home or Renting and on the lease, B. With more than one family in a house or apartment due to economic hardship, C. In an emergency shelter or transitional housing program, D. In a motel, E. Unsheltered, F. Housing that is inadequate, G. In a foster care placement or group home.

If B-F are checked, does your student/s need school supplies? Yes (checkbox) No (checkbox)

2. The student(s) live(s) with:

- Options for who the student(s) live with: Parent(s), A friend(s), A qualified relative, An adult who is not the legal guardian, Unaccompanied Youth.

Parent/Guardian Signature: _____ Date: _____

Current address where staying:

(Must complete to qualify & receive services)

Telephone/Message Numbers _____

School Staff: Be sure all information is complete then SCAN this form to Carol Seward (carol.seward@twinriversusd.org) in the Child Welfare and Attendance Office