Dubuque COMMUNITY SCHOOLS

HOMELESS STUDENT QUESTIONNAIRE

This form is intended to address the requirements of the McKinney-Vento Act (Title X, Part C of the No Child Left Behind Act). The questions below will assist in determining if the student meets the eligibility criteria for services provided under the McKinney-Vento Act.

WHERE DOES THE STUDENT STAY AT NIGHT? (CHECK ONE BOX)

[ ] In a shelter

[ ] In a hotel / motel

[ ] In a car

[ ] At a campsite

[ ] In another location that is not appropriate for people (e.g., an abandoned building)

[ ] Temporarily with more than one family in a house, mobile home, or apartment
(Doubled-up, but not by choice. Would not have a place to stay if not doubled-up.)

[ ] Other (in an arrangement that is not fixed, regular, and adequate and is not described by the other choices)

Please describe:

[ ] **Choices above do not apply.**
If you checked this box, you do **not** need to complete the remainder of this form. Submit to school personnel.

STUDENT INFORMATION (LIST ALL CHILDREN AGES 0-21)

NAME:	GENDER: [ ] Female [ ] Male
SCHOOL ATTENDING:	DATE OF BIRTH (mm/dd/yyyy):
NAME:	GENDER: [ ] Female [ ] Male
SCHOOL ATTENDING:	DATE OF BIRTH (mm/dd/yyyy):
NAME:	GENDER: [ ] Female [ ] Male
SCHOOL ATTENDING:	DATE OF BIRTH (mm/dd/yyyy):
NAME:	GENDER: [ ] Female [ ] Male
SCHOOL ATTENDING:	DATE OF BIRTH (mm/dd/yyyy):
NAME:	GENDER: [ ] Female [ ] Male
SCHOOL ATTENDING:	DATE OF BIRTH (mm/dd/yyyy):

PARENT / GUARDIAN INFORMATION

PARENT / GUARDIAN NAME(S):		
ADDRESS:	CITY:	ZIP:
HOME PHONE (or the number of a contact person that can reach you):		

PLEASE SIGN BELOW

I am verifying that the above student(s) listed have not had a fixed, regular, or adequate nighttime residence.

_____ _____
PARENT / GUARDIAN SIGNATURE DATE

SCHOOL USE ONLY / BUILDING COPY

DATE RECEIVED:	[ ] Homeless [ ] NOT Homeless	REPORTING SCHOOL:

_____
BUILDING HOMELESS LIAISON SIGNATURE

NOTE: If you wish to save data typed into this form, first save the file on your computer and re-open from your computer prior to typing.