Student Housing Questionnaire
One form per student

NAME OF STUDENT: _________________________ _________________________ _________________________
First                                        Middle                                            Last

NAME OF SCHOOL: ____________ GRADE: ________ BIRTHDATE: ________/_______/________    AGE:______
MONTH        DAY          YEAR

SEX: □ MALE □ FEMALE

The answers to the following questions can help determine the services this student may be eligible to receive under
the McKinney-Vento 42 U.S.C. 11435.

1.  Is this student’s home address a temporary living arrangement?
   □ Yes   □ No

2.  Is this a temporary living arrangement due to a loss of housing or economic hardship?
   □ Yes   □ No

3.  Is this student awaiting foster care?
   □ Yes   □ No

4.  As a student, are you living with someone other than your parent or legal guardian?
   □ Yes   □ No

If YES to any of the above questions, please complete this form and the McKinney–Vento Program Intake
Form. If NO to all of the above questions, stop here.

Where is this student currently living? (check box)

☐ Temporarily with another family because we cannot afford or find affordable housing.

☐ With an adult that is not a parent or legal guardian, or alone without an adult.

☐ In a hotel/motel.

☐ In a vehicle of any kind, RV park or campground, abandoned building or substandard housing.

☐ In an emergency/transitional shelter.

☐ Other

ADDRESS OF CURRENT RESIDENCE: ____________________________________________

(OR)

NAME OF MOTEL/SHELTER OF CURRENT RESIDENCE: _____________________________

(OR)

NAME OF “GENERAL AREA” OF CURRENT RESIDENCE: _____________________________

PHONE NUMBER OR CONTACT NUMBER: ___________ NAME OF CONTACT: ________________

I am aware I have the right to appeal the decision should I not be approved for McKinney-Vento.

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

Signature of parent/legal guardian: ____________________________________________ Date: __________________
(Or unaccompanied youth)

For School Staff Only: If YES to any of the four questions above forward the completed questionnaire and Intake Form
to Central Services, Attn: Javier Vela, fax 509-573-7186.

“The Yakima School District encourages workforce diversity and
complies with all state and federal laws prohibiting unlawful discrimination.”

Building Community through Education