

INSERT DISTRICT LOGO

Student Housing Questionnaire

First Name	Last Name	Student ID	Date of Birth	School	Grade

Check Yes or NO for statements 1 – 5 below:	Yes	No
1. My family lives in an emergency or transitional shelter or FEMA (federal Emergency Management Agency) housing.		
2. My family is sharing the housing of others due to loss of housing, economic hardship, or a similar reason; we are doubling up.		
3. My family is living in a care, temporary RV park, or campground due to lack of alternative accommodations; a public space, abandoned building; substandard housing, bus or train station, public or private space not designed for human beings; or a similar setting.		
4. My family lives in a hotel or motel.		
5. I am an unaccompanied youth (not in the physical custody of a parent or guardian).		

**IF YOU ANSWERED “NO” TO ALL OF THE QUESTIONS ABOVE
STOP HERE.**

IF YOU ANSWERED “YES” TO ANY OF THE QUESTIONS ABOVE
COMPLETE the FRONT AND BACK PAGES.

Parent/Guadian Name (first, last)	Parent Phone	Emergency Phone	Email Address

Please list all children living with you from Pre-K through high school. If needed, use additional sheets.

First Name	Last Name	Student ID	Date of Birth	School	Grade

signature of parent/guardian or unaccompanied youth

Date_____

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Student Housing Questionnaire (page 2)

Parent/Guardian Name (first, last)

I would like referral assistance with he following (check all that are applicable):

Medical	Dental	Counseling	Homeless Agency	School Transportation	School Supplies	Other/explain

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NOTES: