

**STUDENT INFORMATION
HOMELESS**

Student Name	Address
Phone Number	Alternative Number
Grade Level	Building

Precipitating Event

Place an **X** indicating the appropriate precipitating event resulting in loss of housing

Abandonment	<input type="checkbox"/>	Left Home	<input type="checkbox"/>
Act of Nature	<input type="checkbox"/>	Parent/Guardian Hospitalized	<input type="checkbox"/>
Death of Parent/Guardian	<input type="checkbox"/>	Parent/Guardian Incarcerated	<input type="checkbox"/>
Domestic Violence	<input type="checkbox"/>	Parent Job Loss/Loss of Income	<input type="checkbox"/>
Eviction	<input type="checkbox"/>	Other Property-related Situation	<input type="checkbox"/>
Fire	<input type="checkbox"/>		<input type="checkbox"/>

Living Arrangement

Place an **X** in the box indicating the appropriate living arrangement

Shelter	<input type="checkbox"/>
Transitional Housing	<input type="checkbox"/>
Hotel/Motel	<input type="checkbox"/>
Unsheltered (Campgrounds, car, abandoned building, park, temporary trailer, street)	<input type="checkbox"/>
Doubled-up (living with another family)	<input type="checkbox"/>

Signature of student	Date
District Representative	Date