STUDENT INFORMATION
HOMELESS

Student Name	Address
Phone Number	Alternative Number
Date of Birth	ID #:
Grade Level/Building	Parent/Guardian:

Precipitating Event

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

Abandonment		Left Home	
Act of Nature		Parent/Guardian Hospitalized	
Death of Parent/Guardian		Parent/Guardian Incarcerated	
Domestic Violence		Parent Job Loss/Loss of Income	
Eviction		Other Proverty-related Situation	
Fire		Separated from Family	
Unknown		Other -	

Living Arrangement

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

Shelter	
Transitional Housing	
Hotel/Motel	
Unsheltered (Campgrounds, car, abandoned building, park, temporary trailer, street)	
Doubled-up (living with another family)	

_____ _____

Signature affirming information is true Date

_____ _____

District Representative Date

Check in Form:

1. Is the student unaccompanied? _____Yes _____No

2. Race:
   _____ Caucasian (White)
   _____ African American (Black)
   _____ American Indian or Alaska Native
   _____ Asian
   _____ Native Hawaiian or Other Pacific Islander
   _____ Other (please specify) _____
   _____ Do not know/refuse to answer

3. Is the student Hispanic or Latino? _____Yes _____No
4. Does the student have a disabling condition? (Check all that apply)

_____ Psychiatric or emotional condition

_____ Alcohol/ Use illegal drugs

_____ Have ongoing health problems/mental conditions

_____ Physical disability

_____ Post-traumatic stress disorder

_____ Traumatic brain injury

_____ Special Education

5. Is this the first time the student is homeless? _____ Yes _____No

6. How long has the student been homeless this time?
   _____

7. How many times has the student been homeless in the past 3 years?
   _____

8. Where did the student sleep last night?
   _____

9. Is the student fleeing a domestic violence situation?
   _____

10. Has the student ever been in foster care? _____ Yes _____No

11. Has the student been expelled or in a juvenile detention facility? _____ Yes _____ No

12. If student is enrolling in the district for the first time, what school did they previously attend?

13. Did the student lack any documents upon enrollment? (Academic records, medical records, immunizations, guardianship, birth certificate, IEP)? _____
    _____
14.
15. Does the student have siblings that are not of school age yet? _____ Yes _____ No if yes was information given for Child Care/Early Childhood Program/Pre-School?
    _____

16. Which of the following services does the student and/or family need?

Services	Yes	No	Needs Provided
Housing			
Food			
Clothing			
School Supplies			
Hygiene Materials			
Medical Care (Eye glasses/Dental Care/prescriptions)			
Tutoring			
Transportation/gas cards			
Mental Health Care			
Mobile devices other than chrome books			
Pre-paid cell phones			
Other			

List the agencies/shelters that you have referred the student and/or family.

Additional Notes/Phone Contact: