

CONFIDENTIAL STUDENT RECORD

Student Living Status

Select the appropriate response in each category – Current Living Situation and Living Arrangements for Student Information System (SIS) Identification

Unaccompanied Homeless Youth: Yes No

Current Living Situation:

- | | |
|--|---|
| <input type="checkbox"/> In a shelter
<input type="checkbox"/> Doubled up with relatives or others due to lack of housing
<input type="checkbox"/> In a motel/hotel, campground, or other similar situation due to lack of alternative, adequate housing | <input type="checkbox"/> At a train or bus station, park or in a car
<input type="checkbox"/> In an abandoned apartment or building
<input type="checkbox"/> Disaster victim
<input type="checkbox"/> Other: |
|--|---|

Living arrangements for SIS identification:

- | | |
|--|--|
| <input type="checkbox"/> In a shelter
<input type="checkbox"/> Doubled up | <input type="checkbox"/> In a hotel/motel
<input type="checkbox"/> Unsheltered (on the street, car, park, campground, abandoned building) |
|--|--|

Notes/explanation of current living situation:

Student/Family Information

Student Name	Date of Birth	Grade	School	Special Ed.	Migrant	English Learner	Received Title I-A Services
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of parent/legal guardian:

Name/relationship of person with whom student or family is doubled up:

Name of educational guardian (requires documentation):

Main contact phone number:

E-mail, if available:

Current address:

Move date:

Former address(es):

Move date:

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District Information

School District of Origin: _____ School District of Residence: _____

School District where child(ren) attend/are served: _____ Sharing district contacted: _____
 Yes

Name of transportation billing staff contacted: _____ Name of Homeless Liaison contacted: _____

Date of contact: _____ Notes: _____

Transportation

Transportation provided? Yes No

Type of transportation:
 School bus (including additional or extended routes) Taxi
 City bus/public transportation Contracted transportation service
 Gas reimbursement, mileage calculation: _____ Other, please specify: _____

Transportation costs are shared with _____ School District
**District of origin and district of residence will share transportation costs evenly (50/50), if no other agreement is in place.*

Notes: _____

Resources and Services

Must be reviewed with parent/guardian/unaccompanied homeless youth in a manner and form that is understandable, including, if necessary and to the extent feasible, in the native language

- McKinney-Vento rights reviewed
- Immediate enrollment
 - Rights to attend district of origin/residence
 - Transportation
 - Free school meals/fees waived
- Student information shared with the school district sharing transportation costs
- School and district staff confidentially received student information
- Food service
 - Registration/enrollment
 - Transportation department
 - Building social worker or counselor
 - Building principal
- Community resources available and information shared
- Food and clothing
 - Affordable permanent housing
 - Emergency shelter
 - Mental health services
 - Employment
 - Domestic abuse resources
 - Medical, dental, and other health services
 - Seasonal/holiday
- Current order of protection or no contact order
- Other: _____

Date/time shared with parent/guardian/unaccompanied homeless youth: