# Kennewick School District

**1000 W. 4th Ave**

**Kennewick, WA 99336**

## Student Housing Questionnaire

Please use one form per student. Return to school registration office within 14 days of receipt. If you require additional copies, please contact your school.

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

If you answered YES to **any** of the above questions, please complete the remainder of this form.
If you answered NO to all of the above questions, you may stop here.

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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: _____

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

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

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For School Staff Only: Forward questionnaire to Federal Programs, Attn: Homeless Support Coordinator