

# Voluntary Student Information Questionnaire

## McKinney-Vento Homeless Assistance Act

20 \_\_\_\_ – 20 \_\_\_\_ School Year

This voluntary questionnaire is intended to address the McKinney-Vento Homeless Assistance Act 42 U.S.C. §11431, *et. seq.* The Act requires that all homeless children and youths have equal access to the same free appropriate public education as provided to other children and youths, and to ensure all homeless children and youths an opportunity to meet the same challenging state standards to which all students are held.

The term “homeless children and youths” means **individuals who lack a fixed, regular and adequate nighttime residence. Please answer the questions below to determine if the student is included in this definition, and is therefore eligible for the rights and services provided under the McKinney-Vento Homeless Assistance Act.**

*Submission of any false or misleading information is a violation of state law and may void this application and agreement*

**Yes No**

- Is the student sharing housing with other persons due to loss of housing, economic hardship, or similar reasons?
- Is the student living in a motel or hotel due to the lack of alternative adequate accommodations?
- Is the student living in an emergency or transitional shelter?
- Is the student living in a car, park, trailer park, campground, public space, abandoned building, substandard housing, bus or train station or similar setting?
- Is the student living in a primary nighttime residence that is a public or private place, not designed for or ordinarily used as regular sleeping accommodations for human beings?
- Is the student a migratory child/youth that meets one or more of the conditions described herein?
- Is the student abandoned in the hospital?
- Is the student awaiting foster care placement?
- Is the student seeking enrollment without an accompanying parent (not in foster care) living in one or more of the above described conditions?

If you answered **YES** to **ANY** of the above questions, please complete the remainder of this questionnaire

***Please notify the school if your living status changes.***

Student Name: \_\_\_\_\_ Student ID # \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_ Date: \_\_\_\_\_

**Note: If this questionnaire concerns an unaccompanied child/youth, no additional information is needed.**

Parent/Legal Guardian/Caregiver Name: \_\_\_\_\_  
*(Print)* *(Signature)*

Address: \_\_\_\_\_ Telephone No. \_\_\_\_\_

Relationship to student: \_\_\_\_\_

List all school age siblings of the above named student residing with you.

Name	Student #	School	Grade

**Parents/Legal Guardians/Caregivers: If you have any questions concerning this questionnaire or a homeless situation, please contact Cheri Jacobson, the Granite School District Homeless Liaison at 2500 South State Street, Salt Lake City, Utah 84115; telephone number (385) 646-4678; email [cjacobson1@graniteschools.org](mailto:cjacobson1@graniteschools.org).**

**RETURN THIS FORM TO THE HOMELESS LIAISON, RESOURCE DEVELOPMENT**