Student Housing Questionnaire (SHQ)

The McKinney-Vento Homeless Assistance Act, part of Every Student Succeeds Act (ESSA), entitles all school-aged children experiencing homelessness access to the same free, appropriate public education that is provided to non-homeless youth. Schools are required to remove barriers to enrollment, attendance, and academic success of students experiencing homelessness. To determine eligibility please complete this form. ***For any questions about these rights, please contact the Homeless Education Office or Dr. Denise Miranda, District Homeless Liaison at (213) 202-7581 or*** homelesseducation@lausd.net.

Student First Name:		**Student Last Name:**		**Date of Birth:**	**Gender:**
Region:	**School:**	**Campus/Site**	**Grade**	**Student District ID:**	
Address:	**Apt#:**	**City:**		**Zip Code:**	
Parent/Legal Guardian/Caregiver Name:		**Contact Number:**			

Is the student: (check all that apply): **unaccompanied** **a runaway**

Has the student transferred schools any time after completing the second year of high school? Yes No
If yes, forward a copy of SHQ to the school's academic counselor for AB1806 eligibility.

Is the student currently living in one of the Nighttime Residence options listed below?

__ YES NO

If you answered "NO" to this question, please STOP and sign below. If you answered "YES", complete the remainder of the form.

CHECK (√) ONE OF THE NIGHTTIME RESIDENCE OPTIONS THAT BEST DESCRIBES YOUR CURRENT LIVING SITUATION DUE TO LOSS OF HOUSING, ECONOMIC HARDSHIP OR A SIMILAR REASON:

	Shelter *(ex. Homeless, Domestic Violence…etc.)* Name: _____		**Motel or Hotel** Name: _____
	Garage (unconverted)		**Car, trailer, or campsite**
	Temporarily in another family's house or apartment		**Temporarily with an adult that is not the parent or guardian**
	Transitional Housing Program Name: _____		**Trailer/motor home on private property (**due to economic hardship or loss of housing**)**
	Other places *NOT* designated for or ordinarily used as a regular sleeping accommodation for human beings Explain: __		

Is the student in need of services? YES NO
If yes, please check the service(s) requested.

Backpack/School Supplies Hygiene Kits Transportation Assistance *

***If you are requesting transportation assistance, please read and sign the affidavit below:**
I need assistance from LAUSD, as I have no alternate means to deliver my child to school. I agree to have my child attend school every day and on time. I also agree to notify the District if our situation changes or we no longer require this assistance. I understand that my child must meet the eligibility criteria for transportation assistance, and I must comply with sign-in and supervision requirements. **If transportation is denied, the School-Site Homeless Liaison will be notified. Parent/Legal Guardian/Caregiver can appeal.**

Parent/Legal Guardian/Caregiver's Initials: _____ Date: _____

Is the student in need of a referral for additional resource(s)? YES NO
If yes, please check the referral(s) requested.

Clothing Assistance: Shoes, Clothing, Uniforms **Tutoring** **Housing Referrals**
*****Designated School Site Homeless Liaison must conference with family to facilitate the requested referral(s)*****

Do you have other preschool and/or school aged children in the home? **__ YES NO**

If yes, please complete an additional SHQ. All sibling(s) must have an SHQ on file at their school site.

AFFIDAVIT*- By signing this form, I declare under penalty of the laws in the State of California that the foregoing is true and correct. In addition, I understand that the District reserves the right to verify the above listed residence information.*

Signature of Parent/Legal Guardian/Caregiver: _____ **Date**: _____

SCHOOL PLEASE NOTE: upon completion, email to your Region.
East: shqeast@lausd.net, **North**: shqnorth@lausd.net, **South**: shqsouth@lausd.net, **West**: shqwest@lausd.net
SHQ MUST be kept in a CONFIDENTIAL file, which is separate from the cumulative record folder.