School District Homeless Student Identification Form

**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:**[ ]  In a shelter [ ]  Doubled up with relatives or others due to lack of housing[ ]  In a motel/hotel, campground, or other similar situation due to lack of alternative, adequate housing | [ ]  At a train or bus station, park or in a car [ ]  In an abandoned apartment or building[ ]  Disaster victim [ ]  Other:       |
| **Living arrangements for SIS identification:**[ ]  In a shelter[ ]  Doubled up | [ ]  In a hotel/motel[ ]  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 |
|       |       |       |       | [ ]  | [ ]  | [ ]  | [ ]  |
|       |       |       |       | [ ]  | [ ]  | [ ]  | [ ]  |
|       |       |       |       | [ ]  | [ ]  | [ ]  | [ ]  |
|       |       |       |       | [ ]  | [ ]  | [ ]  | [ ]  |

|  |
| --- |
| 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:            |

|  |  |  |
| --- | --- | --- |
|  | District Information |  |

|  |  |
| --- | --- |
| School District of Origin:     School District where child(ren) attend/are served:     Name of transportation billing staff contacted:     Date of contact:       | School District of Residence:     Sharing district contacted:[ ]  YesName of Homeless Liaison contacted:     Notes:       |

|  |  |  |
| --- | --- | --- |
|  | Transportation |  |

|  |
| --- |
| Transportation provided? [ ]  Yes [ ]  No |
| Type of transportation:[ ]  School bus (including additional or extended routes)[ ]  City bus/public transportation[ ]  Gas reimbursement, mileage calculation:       | [ ]  Taxi[ ]  Contracted transportation service[ ]  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:**       |