# 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 additional information, please contact the Homeless Education Office at (213) 202-7581.*

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

**Is the student:** (check all that apply):     a parenting teen?     an unaccompanied youth?     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 school's academic counselor for AB1806 eligibility.*

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

□ **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 THE LOSS OF HOUSING:

| | | |
|---|---|---|
| | **Shelter** *(ex. Homeless, Domestic Violence…etc)* <br> Name: _____ | **Motel or Hotel** <br> 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** <br> Name: _____ | **Trailer/motor home on private property** |
| | **Other places _NOT_ designated for or ordinarily used as a regular sleeping accommodation for human beings** <br> Explain: _____ | |

### Is the student in need of services? □ YES  □ NO
**If yes, please check the services being 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/Guardian can appeal.**

**Parent/Guardian's Initials: _____ Date: _____**

### Is the student in need of a referral for additional resource(s)? □ YES  □ NO
**If yes, please check the referral(s) being requested.**
□ Clothing Assistance: Shoes, Clothing, Uniforms    □ Tutoring    □ Housing Referrals    □ Assistance for a Parenting Teen
***Designated School Site Homeless Liaison must conference with family to facilitate the requested referral(s)***

**Your Designated School Site Homeless Liaison is:**

| Name | Title | Phone | E-mail |
|---|---|---|---|
| | | | |

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, please fax to (213) 580-6551 OR scan and email SHQ to your corresponding Local District:**
  shqldc@lausd.net, shqlde@lausd.net, shqldne@lausd.net, shqldnw@lausd.net, shqlds@lausd.net, or shqldw@lausd.net
- ✓ **SHQ MUST be kept in a CONFIDENTIAL file, which is separate from the permanent student record (this form must NOT be placed in the cumulative file).**

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