

### 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](mailto: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): <input type="checkbox"/> unaccompanied <input type="checkbox"/> a runaway                                      |         |                    |                 |                      |         |
| Has the student transferred schools any time after completing the second year of high school? <input type="checkbox"/> Yes <input type="checkbox"/> No |         |                    |                 |                      |         |
| <b>If yes, forward a copy of SHQ to the school's academic counselor for AB1806 eligibility.</b>                                                        |         |                    |                 |                      |         |

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.)<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 (due to economic hardship or loss of housing) |
| Other places <b>NOT</b> 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 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](mailto:shqeast@lausd.net), North: [shqnorth@lausd.net](mailto:shqnorth@lausd.net), South: [shqsouth@lausd.net](mailto:shqsouth@lausd.net), West: [shqwest@lausd.net](mailto:shqwest@lausd.net)

SHQ MUST be kept in a CONFIDENTIAL file, which is separate from the cumulative record folder.