



East Valley High School

Academics · Arts · Technology

2022/2023 Student Housing Questionnaire

The information on this form is required to meet The Education for Homeless Children and Youth (EHCY) program, authorized under Title VII-B of the McKinney-Vento Homeless Assistance Act (42 U.S.C. 11431 et seq.), also known as the McKinney-Vento Act. Information on this form is confidential. False claims about living situations may affect enrollment. Eligibility must be reviewed and reevaluated every school year.

Date: _____ Last School Attended: _____ Grade: _____

Student Name: _____ Birth Date: _____

Do you have more children? Yes No

Address of where the student slept last night: _____

Parent/Guardian/Adult Caring for Student: _____ Relationship: _____

Telephone: _____ Email Address: _____

Is the student's address a temporary living arrangement? YES NO

NOTE:If you checked NO, you may STOP here. Please sign and date the bottom. Thank you.****

If temporary, is this living arrangement due to loss of housing or economic hardship? YES NO

Please "X" all boxes below that best describes where the student sleeps at night. Leave those boxes blank that do not apply:

In a place that does not have windows, running water, heat, electricity, or is overcrowded

Staying with a friend or relative because of loss of housing, economic hardship or similar reason
(ex: eviction, foreclosure, fire, flood, lost job, divorce, domestic violence, kicked out by parents, ran away from home)

In a shelter or transitional housing program (name of shelter or program) _____

In an unsheltered location such as: Tent, Car/Truck/Van, abandoned building, streets, campground, park, bus/train station, or other similar place.

In a hotel/motel (Name of hotel/motel) _____

With an adult that is not a parent or legal guardian, or alone without a parent

None of the above (Please explain): _____

List all other children that stay in the same place:

Name:	Grade:	School:	District:
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

The undersigned certified that the information provided above is accurate.

Signature of Person Providing Information _____ Date _____
Parent/Legal guardian/Caregiver/Unaccompanied Student

For School Use Only:

Housing type-Check all that apply and date:

Sheltered Doubled-up Unsheltered/FEMA/Substandard Hotel/Motel

1)Unaccompanied youth: YES NO 2)Transportation needed: YES NO

Do not make copies of this form. If Section B is selected, please mail form to LEA Homeless Education Liaison. A copy should not be placed in the student's cumulative file.

School Personnel Who Enrolled the Student: _____