**School District Homeless Student Identification Form**

**CONFIDENTIAL STUDENT RECORD**

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|  | Student Living Status |  |  |
| Select the appropriate response in each category – Current Living Situation and Living Arrangements for Student Information System (SIS) Identification |

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| **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:       |

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|  | Student Information |  |

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| Student Name | GenderM/F | Date of Birth | Grade | School | Special Ed. | Migrant | English Learner | Received Title I-A Services |
|       |  |       |       |       | [ ]  | [ ]  | [ ]  | [ ]  |

**Ethnicity:** [ ]  Hispanic **Race (check all that apply):** [ ]  American Indian or Alaska Native [ ]  Asian [ ]  White

 [ ]  Not Hispanic [ ]  Black or African American [ ]  Native Hawaiian or Other Pacific Islander

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| 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:       |

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| Current address: Move date:            | Former address(es): Move date:            |

**District Programs this Student is Enrolled in: Student Attending Alternative School:**

[ ]  Special Ed. [ ]  ELL [ ]  Gifted & Talented [ ]  Vocational Ed. [ ]  Yes [ ]  No

No. of Other Schools Student Previously Attended within District: \_\_\_\_\_\_ In how many other districts? \_\_\_\_\_\_\_\_\_

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|  | District Information |  |

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| 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:       |

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|  | Transportation |  |

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| 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:       |

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|  | 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 |

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| **Date/time shared with parent/guardian/unaccompanied homeless youth:**       |