**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 | Gender  M/F | Date of Birth | Grade | School | Special Ed. | Migrant | English Learner | Received Title I-A Services |
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**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:  Yes  Name 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:** |