

Family Transition Questionnaire

This questionnaire is intended to address the McKinney-Vento Homeless Assistance Act in order to make a determination of eligibility of rights and services. Your responses will help determine the residency status for enrollment of the student(s) and whether any additional services or support may be available.

Current living situation: Please check the line(s) that best describes the student’s current living situation.

Staying in a shelter (family, domestic violence, youth) or transitional living program
 Sharing the housing of others due to economic hardship or loss of housing
 In a hotel or motel
 Living in a car, park, or campground or other inadequate accommodation.
 Living without a parent or legal guardian
 Living in transitional housing
 Name and number of case manager: _____
 No choices apply to student(s) living situation

If you checked any of the above, please complete the remainder of this form and return it to Hailey DeLuca, Coordinator of Student Services. If you did not check any of the above, you do not need to complete or submit this form.

Please list all children presently living with you (up to age 21).

Name	Grade	Enrolling at KTEC High School?	IEP?
		Y N	Y N
		Y N	Y N
		Y N	Y N
		Y N	Y N
		Y N	Y N

Do you need assistance with any services currently?

<input type="checkbox"/> Medical, Dental, or Other Health Services <input type="checkbox"/> Mental Health Services	<input type="checkbox"/> Clothing <input type="checkbox"/> Food	<input type="checkbox"/> School Supplies <input type="checkbox"/> Other:
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I certify that the information provided is true and correct. I understand that this application pertains to the current school year only and that I must resubmit an application should the current circumstances continue for the following school year.

Name of Parent(s)/Guardian(s): _____

Address: _____

I cannot receive mail at this address.

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Phone: _____

Date: _____

Office use only

Student Name: _____ Date formed received: _____

Staff signature: _____