

LOS ANGELES UNIFIED SCHOOL DISTRICT POLICY BULLETIN

ATTACHMENT

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 additional information, please contact the Homeless Education Office at (213) 202-7581.

Student First Name:		Student Last Name:				Date of Birth:	Gender:	
Local District: School:				Campus/Site:	Grade:	Student District I	D:	
Address:			Apt#:	City:	•		Zip Code:	
Parent/Guardian Name:					Contact	Number:		
Is the student: (che	ing teen?	□ an unaccompanied youth? □ a runaway?						
Has the student transferred schools any time after completing the second year of high school? \Box Yes \Box No If yes, forward a copy of SHQ to school's academic counselor for AB1806 eligibility.								
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 THE LOSS OF HOUSING:								
Shelter (ex. Homeless, Domestic Violenceetc) Name:					Motel or Hotel Name:			
Garage (unconverted)						or campsite		
Temporarily in another family's house or apartment Transitional Housing Program			ent		Temporarily with an adult that is not the parent or guardian Trailer/motor home on private property			
Name: Other places NOT designated for or ordinarily used as a regular sleeping accommodation for human beings								
Explain:								
Is the student in need of services? □ YES □ NO If yes, please check the services being requested. □ Backpack/School Supplies □ Hygiene Kits □ Transportation Assistance * If you are requesting transportation assistance, please read and sign the affidavit below: 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 me. 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 ligibility 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/Guardian can appeal.								
Parent/Guardian's Initials: Date:								
Is the student in need of a referral for <u>additional resource(s)? □ YES □ NO</u> If yes, please check the referral(s) being requested. □ Clothing Assistance: Shoes, Clothing, Uniforms □ Tutoring □ Housing Referrals □ Assistance for a Parenting Teen ***Designated School Site Homeless Liaison must conference with family to facilitate the requested referral(s)***								
	Y		nated Sch	ool Site Homele				
Name		Title		Ph	one	E-r	nail	
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.								
	gning this form, I declare stand that the District re						egoing is true and correct.	
Signature of Parent/Legal Guardian/Caregiver:							Date:	

SCHOOL PLEASE NOTE:

- Upon completion, please fax to (213) 580-6551 OR scan and email SHQ to your corresponding Local District: shqldc@lausd.net, shqlde@lausd.net, shqldne@lausd.net, shqldne@lausd.net, shqldne@lausd.net, shqldne@lausd.net, shqldne@lausd.net
- ✓ SHQ <u>MUST</u> be kept in a <u>CONFIDENTIAL</u> file, which is separate from the permanent student record (this form must NOT be placed in the cumulative file).