

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 1	ID:
Address:	<u> </u>		Apt#:	City:			Zip Code:
Parent/Guardian Name:					Contact	Number:	1
Is the student: (che		a parenti				panied youth?	a runaway?
	sferred schools any time a ppy of SHQ to school's acc					es No	
	e student currently			the Nighttin		ence options lis	ted below?
			P and sig	n below. If you			e remainder of the form.
CHECK ($$)							DESCRIBES YOUR
Ch. Harrida III	CURRENT LIV		UATIC			DSS OF HOUS	SING:
Shelter (ex. Homeless, Domestic Violenceetc) Name:				Name	or Hotel		
Garage (unconverted)					railer, or ca	ımpsite	
Temporarily in another family's house or apartmen			ıt	Temp	Temporarily with an adult that is not the parent or guardian		
Transitional Housing Program				Trailer/motor home on private property			
Name: Other places 1 Explain:	NOT designated for or or	dinarily used	as a regi	ular sleeping acc	ommodatio	on for human being	S
eed assistance from ne. I also agree to n gibility criteria for t	Backpack/School Stang transportation assistance are denied, the School-Sit	f yes, please upplies istance, plea ernate means to dation change and I must com the Homeless ant/Guardia	ase read o deliver s or we no ply with s Liaison	my child to schoo longer require t sign-in and super will be notifie	Tran Tran ffidavit be ol. I agree to his assistance vision required. Parent/o Date:	ed. Insportation Assista Iow: In have my child atter In the indicate of the in	nd school every day and on my child must meet the peal.
	Is the student in I	need of a ro ves. please o	eterral : Theck the	for <u>additiona</u> e referral(s) be	l resource ing reques	<u>e(</u> s)?□YES□□ sted	NO
	ace: Shoes, Clothing, Ur ated School Site Home	niforms	□ Tutor	ring 🗆 Ho	using Refer	rals 🗆 Assis	stance for a Parenting Tee ted referral(s) ***
· · · · · · · · · · · · · · · · · · ·				ool Site Homel			
Name		Title		Ph	one	E-	mail
If yes, pl	Do you have other p						
	gning this form, I declar rstand that the District r						egoing is true and correc
Signature of 1	Parent/Legal Guar	dian/Car	egiver:				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).