

Household Name \_\_\_\_\_

<input type="checkbox"/> H	<input type="checkbox"/> F	
		DL
		Date

District Use ONLY

### Family/Student Housing Survey

The McKinney-Vento Assistance Act protects and supports the educational rights of students who do not have permanent housing. Often, not having your own, regular place to live or sleep can get in the way of your education. Your school and district can provide resources or support. Your answers help determine the free services the student(s) may be eligible to receive such as free breakfast and lunch, school supplies, most school fees waived, community resource information, basic needs, and other support opportunities.

**This sensitive information will be kept confidential to maintain family privacy.**

Presenting a false record or falsifying records is an offense under section 37.10, Penal code, and enrollment of child under false documents subjects the person to liability for tuition or other costs. TEC.Sec.25.002(3)(d).

Please check how you have lived in the last year, starting July 1st. (Check all boxes that apply).

**PLEASE ONLY COMPLETE ONE FORM PER HOUSEHOLD**

- |   |  |   |   |
|---|--|---|---|
| <input type="checkbox"/> Own or lease home/apartment with immediate family      | <input type="checkbox"/> Foster Parent | <input type="checkbox"/> Living with extended family, friends, or strangers due to economic hardship, lack of affordable housing, loss of housing | <input type="checkbox"/> In a shelter (emergency or safe house) or transitional housing program   |
| <input type="checkbox"/> Living in car, campground, park, abandoned building... | <input type="checkbox"/> Motel/Hotel   | <input type="checkbox"/> Inadequate housing (lacks proper kitchen, plumbing, water or electricity and/or infestations, mold,...)                  | <input type="checkbox"/> Unaccompanied youth -not in physical custody of parents/legal guardians (left on own, told to leave, can't go back, in and out of home,..) |

<u>Student(s) Legal First and Last Name</u>	<u>School</u>	<u>Grade</u>	<u>Foster Child</u>
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**(Please list all children in your household that attend our school district)**

_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>

(Print Parent/Legal Guardian AND Signature)	Date