Torrance Unified School District

*** SCHOOLS - PLEASE NOTE ***

THESE FORMS MUST BE KEPT IN A CONFIDENTAIL FILE SEPARATE FROM STUDENT CUMULATIVE RECORDS

Student Housing Questionnaire

This form is intended to address the McKinney Vento Act 42.USC.11435. The information you provide is confidential. Your child/children will not be discriminated against based upon the information provided. Please complete the following questions regarding the student's housing in order to help determine any services the student(s) may be eligible to receive.

** If this form is filled out at the school site, please SCAN and EMAIL this form to FWEC to establish eligibility. Email: FWEC@tusd.org

By signing this form, I declare under penalty of the laws of the state of California that the foregoing is true and correct. In addition, I understand that the district reserves the right to verify any listed residency information.

Parent / Guardian or Unaccompanied Youth NAME _____ Parent / Guardian or Unaccompanied Youth SIGNATURE _____ DATE _____

Check the ONE option that best describes your nighttime residence:

CHECK:	NIGHTTIME RESIDENCE:	CODE:
☐	**Temporarily Doubled Up** - with another family or other person because of loss of housing or *as a result of crisis economic hardship, temporarily with an individual or adult that is not parent / legal guardian, loss of job, eviction or natural disaster.*	120
☐	**Shelter** - emergency or transitional shelter.	100
☐	**Hotel / Motel** - living in what is not an emergency / transitional shelter and involves payment due to lack of alternative adequate accommodations.	110
☐	**Other Temporary Living Situation due to loss of housing, financial crisis** - trailer park with no hook ups, campground, park, public places, abandoned building, street or any other inadequate living space.	130
☐	**NONE OF THE ABOVE APPLY** Have permanent and adequate housing or am in relocation housing due to an employment move. Personal residence is owned / rented house or apartment suitable for living. **IF NONE APPLY DO NOT FILL OUT REST OF FORM**	

STUDENT INFORMATION

STUDENT #1	DATE OF BIRTH:	STUDENT #3:	DATE OF BIRTH:
STUDENT #2	DATE OF BIRTH:	STUDENT #4:	DATE OF BIRTH:

NIGHTTIME LOCATION: CITY: ZIP:

MAILING ADDRESS: CITY: ZIP:

PHONE: Student UNACCOMPANIED: ☐ YES ☐ NO Student RUNAWAY: ☐ YES ☐ NO

Your child/ren may have the right to: Immediate enrollment despite missing documents at last school attended or where you are currently staying, continue at their school of origin, receive transportation, receive full protections & services provided under all federal and state laws as it relates to homeless children, youth and families.

If you have any questions about your rights, please contact the district's homeless liaison gutierrez.nancy@tusd.org 310 972 6146

OFFICE USE ONLY

STUDENT #1:
ID#: SCH: GRADE: F:☐ M:☐ 190:☐ TI:☐ PR:☐ E:____ SE:☐Y ☐N L:☐Y ☐N

STUDENT #2:
ID#: SCH: GRADE: F:☐ M:☐ 190:☐ TI:☐ PR:☐ E:____ SE:☐Y ☐N L:☐Y ☐N

STUDENT #3:
ID#: SCH: GRADE: F:☐ M:☐ 190:☐ TI:☐ PR:☐ E:____ SE:☐Y ☐N L:☐Y ☐N

20 ____ / ____ Eligible: Yes ☐ No ☐ Approved: _____ ☐ Coordinator ☐ SW