The **McKinney-Vento Homeless Assistance Act** is a federal law that ensures immediate enrollment and educational stability for homeless children and youth. By completing and returning this housing survey you will help Cape Flattery School District identify school and transportation services that students may be eligible to receive through the McKinney-Vento, Title X, Part C of the No Child Left Behind Act. This information will only be shared with school staff that will assist with your student’s education. Please return this form to your school office.

Name of Student: _______________ _______________ _______________

Name of School: __________________ Grade: _______ Birthdate: __________ Sex: ☐ M ☐ F

The answers to the following questions can help determine the services this student may be eligible to receive under the McKinney-Vento Act 42 U.S.C. 11435.

1. Is this student’s home address a temporary living arrangement? ☐ Yes ☐ No
2. Is this a temporary living arrangement due to a loss of housing or economic hardship? ☐ Yes ☐ No
3. Is this student awaiting foster care? ☐ Yes ☐ No
4. As a student, are you living with someone other than your parent or legal guardian? ☐ Yes ☐ No

If you answered **YES** to any of the above questions, please complete the remainder of this form.
If you answered **NO** to all of the above questions, you may stop here.

Where is this student currently living? (Check box)

☐ In a motel ☐ Transitional Housing
☐ In a shelter ☐ Moving from place to place
☐ With more than one family in a house or apartment ☐ Other________________________________________
☐ In a location not designed for sleeping accommodations such as a car, park or campsite

ADDRESS OF CURRENT RESIDENCE: __________________________________________

(OR)

NAME OF MOTEL/SHELTER OF CURRENT RESIDENCE: __________________________________________

(OR)

NAME OF “GENERAL AREA” OF CURRENT RESIDENCE: __________________________________________

Phone Number/Contact Number: __________________________ Name of Contact: __________________________

Print name of parent(s)/legal guardian(s): __________________________________________

(Or unaccompanied youth)

Signature of parent/legal guardian: __________________________ Date: ______________

(Or unaccompanied youth)

**For School Staff Only:** Forward questionnaire to District Office: Attn: Cape Flattery School District, Box 109, Sekiu, WA 98381
Phone: 360-963-2329 or Fax 360-963-2373