



Families in Transition Questionnaire



Name of Child _____

Child's Date of Birth _____

County of Residence _____

Date of Questionnaire _____

Your child may be eligible for free additional services through the federal McKinney-Vento Assistance program. Eligibility will be determined by completing this questionnaire.

1. Where are you and your family currently staying? *Check one box*

Sharing the housing of another family member or friend (doubling-up) due to loss of housing, economic hardship, or similar reason.

Living in a motel, hotel, RV park, or campground

Staying in an emergency or transitional shelter (ex. Goodwill Inn, Women's Resource Center)

Living in a vehicle, park, public space, abandoned building, or other place not designed for or ordinarily used as a regular sleeping place for human beings

Living in substandard housing without running water, electricity, or heat (no windows, overcrowded, sleeping in a common area of house-living room, dining room, basement, etc.

I am a minor parent not living with a parent or legal guardian.

None of the above/other: _____

2. Answer all questions below.

Where were you living before this? _____

What prompted you to move? _____

How long do you plan to stay where you are now? _____

Could your friend/relative ask you to leave? _____

Where would you go if you were asked to leave? _____

The undersigned certifies that the information provided above is accurate.

Parent/Guardian Signature

Printed Name

Date

Phone #

Staff Person Signature

Printed Name

Date

Phone #

Disclosure with Parental Consent must be attached and sent to the Homeless Liaison.

Office use only:

Sent to MV Coordinator/Date _____

Yes, student is eligible for MV services, Initials and Date _____

No, not eligible as MV