

# STUDENT LIVING SITUATION

School: \_\_\_\_\_ Grade: \_\_\_\_\_ Date: \_\_\_\_\_

Student Name: \_\_\_\_\_ Birth date: \_\_\_\_\_ Foster Child: \_\_\_ Yes \_\_\_ No

Please list all of your preschool and school-aged children currently living with you: (continue on back if more space is needed)

Name: \_\_\_\_\_ Birth date: \_\_\_\_\_ School: \_\_\_\_\_

Name: \_\_\_\_\_ Birth date: \_\_\_\_\_ School: \_\_\_\_\_

Name: \_\_\_\_\_ Birth date: \_\_\_\_\_ School: \_\_\_\_\_

**Information provided on this form is confidential.**

What is your current living situation? *(Based on your situation, your child may be eligible for additional services)*

\_\_\_\_\_ **I own or rent my own home/apartment. STOP** here...you do not need to answer any additional questions

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\_\_\_\_\_ **Sharing the housing of other persons due to:** (check one)

\_\_\_\_\_ Loss of housing due to eviction, foreclosure, or other economic hardship

Explain: \_\_\_\_\_

\_\_\_\_\_ Long-term, cooperative living arrangement to save money or a similar reason

\_\_\_\_\_ **At a motel, hotel, campground or similar setting due to:** (check one)

\_\_\_\_\_ Lack of alternative adequate accommodations

\_\_\_\_\_ A convenient living arrangement, or waiting for apartment or house to be ready

\_\_\_\_\_ **In an emergency or transitional shelters** (domestic violence or homeless shelters or transitional housing)

\_\_\_\_\_ **In a primary nighttime residence that is a place not designed for or ordinarily used as a regular sleeping accommodation for humans**

\_\_\_\_\_ **In cars, parks, public spaces, abandoned buildings, substandard housing, bus or train stations, or similar setting**

How long do you anticipate living at this location? \_\_\_\_\_

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Current Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian/Unaccompanied Youth Signature Date: \_\_\_\_\_

OFFICE USE ONLY: \_\_\_ McK-V \_\_\_ UnY \_\_\_ FC *If checked, complete referral form.*