

100 North First Street
Springfield, Illinois 62777-0001

WELLNESS DEPARTMENT

Your child may be eligible for additional educational services depending on your household situation. Additional services and rights include the right to stay at the same school even if you move and access to free meals at school. Eligibility can be determined by completing this questionnaire. This questionnaire is intended to address the McKinney-Vento Homeless Education Act 42 U.S.C. 11435. This form is to learn more about your family's current housing situation. **This information will remain confidential.**

SCHOOL NAME	SCHOOL DISTRICT
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- Who does the enrolled student(s) live with? Please check all that apply:
 Parent Legal Guardian Relative Other Adult Alone Other: _____
- Where has the student normally slept in the past 30 days? Please check all boxes that apply:
 In a home that is owned or rented by parent or guardian
 Staying temporarily with friends, relatives, or other people ("doubled up" or "couch surfing") for financial reasons and **because the student had nowhere else to go**
 At a shelter
 In transitional housing or an independent living program
 At a motel or hotel
 In an RV or camper
 In a car, tent, park, bus, or public place (abandoned building, train station, etc.)
 Student does not have a usual place to sleep
- Is the home or place slept in at night connected to electricity, heat, and running water?
 Yes No I don't know
- Does the home or place slept in at night have problems with mold, vermin (such as lice, rodents, or fleas), or other significant issues?
 Yes No I don't know
- How many other people live in the home or the place in which slept at night?
 zero to five [0-5] six to ten [6-10] eleven to fifteen [11-15] sixteen or more [16+]
- How many bedrooms are in the home or the place slept in at night?
 One [1] Two [2] Three [3] Four or more [4+] Not applicable

Depending on your answers to the above questions, your child(ren) may be eligible for additional support. Please list **all children in your care** and their information below.

STUDENT(S) NAMES (First, Middle, Last)	DATE OF BIRTH	SEX		GRADE LEVEL	LAST SCHOOL ATTENDED (School Name, State or Country)
		M	F		
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		

(PARENT/GUARDIAN/ADULT CARING FOR STUDENT) NAME	PHONE NUMBER	EMAIL ADDRESS (Optional)
ADDRESS (Street, City, State, and ZIP Code)		<input type="checkbox"/> Mailing address only

You may be contacted by your school system's education support staff, unless you check the box below:

NO, PLEASE DO NOT CONTACT ME.

Signature* of Parent/Guardian/Adult Caring for Student

Date

**Your signature indicates that you have completed this form to the best of your knowledge.*

Office use: Referral made to McKinney-Vento Liaison on this date: _____