



Long Beach Unified School District  
Office of Student Support Services

Student Housing Questionnaire (SHQ)

This questionnaire is intended to address the McKinney-Vento Act, U.S.C.A. 42 Section 11302 (and Title I of the ESEA, as amended by ESSA Section 1112 (c)(5)(B)).

Date: \_\_\_\_\_ Name of student: \_\_\_\_\_

School: \_\_\_\_\_ Grade \_\_\_\_\_ Birthdate \_\_\_\_\_

Special Ed:  No  Yes, eligibility \_\_\_\_\_ 504 Plan:  No  Yes

Where is the student currently living? (Check all that apply in Section A or B):

Section A	Section B
<input type="checkbox"/> In a shelter Name _____ <input type="checkbox"/> In a motel or hotel Name _____ <input type="checkbox"/> In a transitional housing program <input type="checkbox"/> In a car, trailer, RV, motor home, campsite or park <input type="checkbox"/> Multiple people living in one room (# of people _____) <input type="checkbox"/> In a rented garage, due to economic hardship <input type="checkbox"/> Temporarily in another family's house or apartment due to economic hardship <input type="checkbox"/> Temporarily with an adult who is <b>not</b> the parent/legal guardian <input type="checkbox"/> Student is an Unaccompanied Youth living alone or in a youth shelter <input type="checkbox"/> Other _____	<input type="checkbox"/> Choices in Section A do not apply  <input type="checkbox"/> I choose not to state my living situation
<p><b><u>CONTINUE:</u></b> If you have checked a box in this section, please complete the remainder of this form and the opposite page.</p>	<p><b><u>STOP:</u></b> If you have checked this section, you do <b>not</b> need to complete the remainder of this form nor the opposite side. Please submit to school personnel.</p>

Name of Parent/Legal Guardian/Caregiver: \_\_\_\_\_

Current Address of **Student:** \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone Number(s) \_\_\_\_\_

Email address: \_\_\_\_\_

- The address above is the same address where I can receive mail.
- I cannot receive mail at the address above. The address where I can receive mail is:  
\_\_\_\_\_

***Please list all siblings between the ages of 0 and 22 years old.  
Complete a separate Student Housing Questionnaire for each child.***

Name	Birthdate	Age	Grade	School Attending	City

***Services Provided  
(For office use only)***

Please select any services you need assistance with:

- I need assistance enrolling my child(ren) in school. \_\_\_\_\_
- I am having a hard time getting my child(ren) to school every day. \_\_\_\_\_
- My child(ren) do not have the proper clothing/uniforms for school. \_\_\_\_\_
- My child(ren) do not have enough school supplies to complete their homework/projects. \_\_\_\_\_
- I cannot provide the necessary medical records for my child(ren)'s school. \_\_\_\_\_
- My child(ren) and I are having a hard time coping with our current living situation. \_\_\_\_\_
- I'm having a hard time meeting basic needs (i.e. toiletries, blankets, pillows, etc.). \_\_\_\_\_
- I am having difficulties accessing community resources (housing assistance, food banks, counseling, etc.) \_\_\_\_\_

Under the McKinney-Vento Act, U.S.C.A. 42 Section 11302 (and Title I of the ESEA, as amended by ESSA Section 1112 (c)(5)(B)), children in transitional situations have the right to:

1. Go to school, even if they do not have a permanent address
2. Enroll immediately, even if immunization records, tuberculosis skin test results, and other documents normally required for enrollment are missing
3. Choose to attend either their School of Origin (the school attended when permanently housed or any school attended within the last 15 months), or the school in the attendance area where the student is temporarily living
4. Enroll, attend classes, and fully participate in all school activities while the school arranges for the transfer of records
5. Receive transportation to and from the School of Origin, if the student/parent/guardian meets certain criteria
6. Automatic eligibility for free school meals
7. Have access to the same services and programs that are available to ALL students.

-----***AFFIDAVIT***-----

*By signing this form, I declare under penalty of the laws of California that the foregoing is true and correct and of my own personal knowledge and that if called upon to testify, I would be competent to testify as to the truth of the answers. In addition, I understand that the district reserves the right to verify that the student resides at the listed address.*

**Signature of Parent/Legal Guardian/Caregiver/Unaccompanied Youth:** \_\_\_\_\_

**Name of Parent/Legal Guardian/Caregiver/Unaccompanied Youth:** \_\_\_\_\_

-----***FOR SCHOOL OFFICE USE ONLY***-----

**Please fax both sides of this form to Bethune Homeless Education Program at (562) 494-8953 or email to Maribel Gonzalez at [mgonzalez@lbschools.net](mailto:mgonzalez@lbschools.net). Questions? Please call Bethune staff at (562) 498-2324.**

Name of the school staff in contact with this family: \_\_\_\_\_

Title \_\_\_\_\_ Phone \_\_\_\_\_ Date Faxed \_\_\_\_\_

**The SHQ must be kept in a confidential file and should not be placed in the cumulative (paper or electronic) file.**