

STUDENT NAME	STUDENT NO.	GRADE	GENDER	Ethnicity: <input type="checkbox"/> African American <input type="checkbox"/> Asian <input type="checkbox"/> Caucasian <input type="checkbox"/> Hispanic <input type="checkbox"/> Native American <input type="checkbox"/> Other
CURRENT SCHOOL OR LAST ATTENDED	ENROLLED IN SCHOOL? <input type="checkbox"/> Yes <input type="checkbox"/> No	AGE	DATE OF BIRTH	
CURRENT ADDRESS	PARENT/GUARDIAN	PHONE		

**Please list siblings or other children in the home:**

Name	Student No.	Grade	Age	School (if not enrolled, please indicate)

**Student's living situation:**

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Shelter                          | <input type="checkbox"/> Doubled Up <sup>1</sup> | <input type="checkbox"/> Temporary Placement <sup>4</sup> |
| <input type="checkbox"/> Unsheltered <sup>2</sup>         | <input type="checkbox"/> Motel/Hotel             | <input type="checkbox"/> Migrant                          |
| <input type="checkbox"/> Unaccompanied Youth <sup>3</sup> | <input type="checkbox"/> Awaiting Foster Care    | <input type="checkbox"/> Transitional Housing             |

- <sup>1</sup> Sharing the housing of other persons due to loss of housing, economic hardship, or similar reason
- <sup>2</sup> Living in a car, park, campsite, trailer park, bus/train station, abandoned building, abandoned hospital, or other location not ordinarily used as sleeping accommodations
- <sup>3</sup> Unaccompanied youth not living with a parent or guardian
- <sup>4</sup> Child temporarily placed with relative or guardian

Is your current residence a temporary living situation?  Yes  No  
 Is your living arrangement due to the loss of housing or economic hardship?  Yes  No

**Please check the following services that are needed or desired:**

- |   |  |
|---|--|
| <input type="checkbox"/> Free breakfast/lunch         | <input type="checkbox"/> Tutoring                                  |
| <input type="checkbox"/> Transportation               | <input type="checkbox"/> After-school programs                     |
| <input type="checkbox"/> Clothing/Uniform             | <input type="checkbox"/> Counseling                                |
| <input type="checkbox"/> School supplies              | <input type="checkbox"/> LEP/Bilingual program                     |
| <input type="checkbox"/> Hygiene Products             | <input type="checkbox"/> Special Education                         |
| <input type="checkbox"/> Access to Showers            | <input type="checkbox"/> Gifted/talented                           |
| <input type="checkbox"/> Access to Laundry Facilities | <input type="checkbox"/> Medical/dental referral – medical coupons |
| <input type="checkbox"/> Missing enrollment records   | <input type="checkbox"/> Vision referral                           |
| <input type="checkbox"/> Prior academic records       | <input type="checkbox"/> Medicaid/DSHS services – food stamps      |
| <input type="checkbox"/> Preschool Enrollment records | <input type="checkbox"/> Community resources                       |
| <input type="checkbox"/> Birth certificate            | <input type="checkbox"/> Guardianship issues                       |
| <input type="checkbox"/> Immunization/medical records | <input type="checkbox"/> Other _____                               |

Trust/financial assistance needed for \_\_\_\_\_ Cost \$ \_\_\_\_\_

**Comments/Changes:**

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
District Liaison Signature

\_\_\_\_\_  
Date