



Address of where the student slept last night: \_\_\_\_\_

Is this address based on a temporary living arrangement? Yes  No

(Examples: hotel; shelter; transitional housing; sharing the housing of others due to loss of housing, economic hardship, or similar reason; car; park; campsite.)

**NOTE: If you checked “No” to the temporary living arrangement, you may STOP here. If you checked “Yes”, please continue to the next section.**

## **Section B**

Name of the parent/guardian/adult caring for the student: \_\_\_\_\_

Relationship to the student: \_\_\_\_\_

If the address you provided in section A is based on a temporary living arrangement, is it due to loss of housing or economic hardship? Yes  No

**Please place an “X” in each box that best describes where the student sleeps at night.**

In a place that does not have windows, doors, running water, heat, electricity, or overcrowded

Staying with a friend or relative because of loss of housing, economic hardship, or similar reason  
(Example: eviction, foreclosure, fire, flood, lost job, divorce, domestic violence, kicked out by parents, ran away from home)

What date did you begin staying here? \_\_\_\_\_

In a shelter/transitional housing program (name of agency): \_\_\_\_\_

What date did you begin staying here? \_\_\_\_\_

In an unsheltered location (e.g. tent, vehicle, abandoned building, streets, campground, park, bus/train station, or similar place)

Provide the main cross streets of this unsheltered location: \_\_\_\_\_

In a hotel/motel (name of hotel/motel & address) \_\_\_\_\_

What date did you begin staying here? \_\_\_\_\_

With an adult that is not a parent or court appointed legal guardian

Alone, not in the care of a parent or court appointed legal guardian

None of the above (Please explain): \_\_\_\_\_

The following signature certifies that the information provided above is accurate. False claims about living situations may affect enrollment.

\_\_\_\_\_  
Signature of Person Providing Information

\_\_\_\_\_  
Date

Parent/Legal guardian/Caregiver/Student

## For School Use Only

Please note, the student's cumulative file should not include a copy of this form. **Do not make copies of this form.** If Section B is filled out, please notify the LEA Homeless Education Liaison, and provide the original form to them.

Name of school site personnel who enrolled the student: \_\_\_\_\_

Please check the housing types that apply:

Sheltered  Doubled-up

School of origin needed: Yes  No

Unsheltered/FEMA/Substandard  Hotel/Motel

Date received by Homeless Liaison \_\_\_\_\_

Unaccompanied youth: Yes  No  Transportation to \_\_\_\_\_

ADE Student Residency Questionnaire

