Frankton-Lapel Community Schools

McKinney-Vento Housing Questionnaire

| Date: | | Date Received | oy Liaison: | | |
|---|----------------|-----------------------------|------------------|---------------------------------|--|
| fuel our or rest your home AND are the st | | ent or local recording you | do mot mood to o | aman lata thia farm | |
| f you own or rent your home AND are the si Student(s) First and Last Name | M/F | Date of Birth | Grade | School Attending | |
| Student(3) First and East Name | 10171 | Date of Birth | Grade | Jenoor Atteriumg | |
| | | | | | |
| | | | | | |
| | | | | | |
| Please list other children in the family who a | re NOT curre | ntly enrolled in a K-12so | chool and are be | tween the ages of 3 and 5. | |
| First and Last Name | | Date of Birth | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| Please check all housing situations below | w that appl | y to the above-named | student(s): | | |
| In an emergency or confidential she | | , | | itional housing program | |
| In a motel because of no other housing option | | | In someo | ne else's home or apartment | |
| | • | | | · | |
| In a residence with inadequate facil | ities (no wate | er, heat, electricity, etc. |)Movingfr | om place to place/couch surfing | |
| In a car, RV, park, campsite, abandon | ed building | or similar location | Other:_ | | |
| | | | | | |
| . Isthe student's current address tempo | rary or perm | nanent?Tempora | ry <u> </u> | ent | |
| If temporary, this living arrangement is o | lue to (check | (all that apply):lo | ss of housing | | |
| | | A | rangement | | |
| 3. Which adult(s) does the student(s) curre | ntly livovyitl | h? | | | |
| s. which addit(s) does the student(s) cure Parents or legal guardian(s) name(s): | • | | | | |
| | | | | | |
| Adult(s) who is/are not the parent or le | egal guardiar | n name(s): | | | |
| Student lives alone with no adult | | | | | |
| student lives dione with no addit | | | | | |
| The undersigned certifies that the information | ion provided | d above is accurate. | | | |
| | | | | | |
| Parent/Guardian/Adult caringfor student (print name): | | | | Phone: | |
| Current Street address: | | | Em | ail. | |
| Janean Street address. | | | | aail: | |
| City: | | | State: | ZIP: | |
| | | | | | |
| Emergency contact name: | | | Phone: | | |
| | | | _ | | |
| Parent/Guardian/Adult signature: | | | | | |

FLCS Staff:

Please scan and email this form immediately to Bobby Fields, FLCS Homeless Liaison to bfields@flcs.k12.in.us