



Binghamton City School District HOUSING QUESTIONNAIRE

Name of Parent/Guardian: _____

Name of Student (s) involved:

| Last Name | First Name | MI | DOB | M/F | Grade | School |
|-----------|------------|----|-----|-----|-------|--------|
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The answer you give below will help the district determine what services you or your child may be able to receive under the McKinney-Vento Act. Students who are protected under the McKinney-Vento Act are entitled to immediate enrollment in school even if they don't have the documents normally needed, such as proof of residency, school records, immunization records, or birth certificate. Students who are protected under the McKinney-Vento Act may also be entitled to free transportation and other services.

Where is the student currently living? (Please check one box.)

- In permanent housing
- In a shelter
- With another family or other person because of loss of housing or as a result of economic hardship (sometimes referred to as "doubled-up")
- In a hotel/motel
- In a car, park, bus, train, or campsite
- Other temporary living situation (Please describe): _____

Print name of Parent, Guardian, or Student (for unaccompanied homeless youth)

Signature of Parent, Guardian, or Student (for unaccompanied homeless youth)

Address: _____ Phone: _____

Date

Name of LEA: _____

NOTE TO SCHOOLS/LEAS: If the student is **NOT** living in permanent housing, please ensure that a Designation Form is completed.



Binghamton City School District

CUESTIONARIO DE VIVIENDA

| Apellido | Primer Nombre | SI | Fecha de Nacimiento | H/M | Grado | Escuela |
|----------|---------------|----|---------------------|-----|-------|---------|
| | | | | | | |
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Su respuesta abajo permitirá al distrito escolar definir los servicios que puede aprovechar su hijo/hija según el Acto de McKinney-Vento. Los estudiantes elegibles tienen derecho a la inscripción inmediata en la escuela, aun si ellos no tienen los documentos necesarios tales como: prueba de residencia, documentos escolares, documentos de inmunización, o partida de nacimiento. Los estudiantes elegibles según el Acto de McKinney-Vento tienen además derecho al transporte gratuito y otros servicios que ofrece el distrito escolar.

¿Donde está el estudiante viviendo actualmente? (Por favor marque una caja.)

- En un hogar permanente
- En un refugio
- Con otra familia o otra persona debido a la pérdida del hogar o a dificultades económicas
- En un hotel/motel
- En un carro, parque, autobús, tren, o camping
- Otra vivienda temporal (Por favor describa):

Nombre de Padre, Guardián, o
 Estudiante (para jóvenes sin acompañamiento)

Firma de Padre, Guardián, o
 Estudiante (para jóvenes sin acompañamiento)

Dirección: _____ Tele'fono: _____

Fecha

Nombre del Distrito Escolar: _____

ATENCIÓN ESCUELAS Y DISTRITOS: Si el estudiante **NO** vive en un hogar permanente, favor de asegurarse que una Formulario de Designación sea completado.

| |
|----------------|
| STAC ID |
| |

| |
|---|
| STAC-202 HOMELESS DESIGNATION |
|---|

Designation of School District of Attendance for a Homeless Child

Submitted by: Local Dept of Social Services (DSS) Designated School District of Attendance (PSD)

PLEASE READ THE INSTRUCTIONS ON THE REVERSE BEFORE COMPLETING THIS FORM

| | | |
|------------------|--------------------------|-----------|
| 1. NAME OF CHILD | 2. DATE OF BIRTH | 3. GENDER |
| | | |
| LAST NAME | MO / DAY / YR | M F |
| | <input type="checkbox"/> | |
| FIRST NAME | M.I. | |

5. Racial/Ethnic Category of Child (See definitions on reverse side of last page.)

American Ind or Alaskan Native Asian or Pacific Isl. Black Hispanic White

6. GRADE LEVEL FOR WHICH PLACEMENT IS SOUGHT |

7. COMPLETE ADDRESS BEFORE CHILD/FAMILY BECAME HOMELESS

7A. NYS SCHOOL DISTRICT OF ATTENDANCE BEFORE BECOMING HOMELESS

| | |
|---|---|
| 8. COMPLETE ADDRESS OF CURRENT LOCATION | DATE CHILD/FAMILY PLACED IN TEMPORARY HOUSING |
| ----- | |
| | MONTH DAY YEAR |

7B. NYS SCHOOL DISTRICT WHERE LAST ENROLLED

| | |
|---------------------------------------|----------------------|
| 9. DATE DISTRICT OF ATTENDANCE CHOSEN | |
| | MONTH DAY YEAR |

8A. NYS SCHOOL DISTRICT OF CURRENT LOCATION

| | |
|--------------------------------------|----------------------|
| 10. DATE PLACED IN PERMANENT HOUSING | |
| | MONTH DAY YEAR |

9A. NYS DESIGNATED DISTRICT OF ATTENDANCE

One of four school districts may be chosen to provide the education component: the school district of attendance before becoming homeless, the school district where last enrolled, the school district of current location or a school district participating in a Regional Placement Plan. This designation may be changed either prior to the end of the first semester of attendance or within 60 days of making this designation, whichever occurs later.

11. Check the appropriate box if the designated school district of attendance (9A) is different from the district of attendance before becoming homeless (7A) and from the district of current location (8A).

District participating in a Regional Placement Plan OR District where last enrolled (7B) if it is different from the district where last permanently housed (7A) and the district of current location (8A).

12. NAME OF PARENT OR PERSON IN PARENTAL RELATIONSHIP AREA CODE TELEPHONE NUMBER

13. SIGNATURE OF PERSON IN PARENTAL RELATIONSHIP TO CHILD DATE

IT HAS BEEN REPORTED TO ME THAT THIS CHILD IS UNDER THE AGE OF 21 YEARS AND IS THEREFORE ELIGIBLE FOR EDUCATIONAL SERVICES. THE CHILD HAS BEEN ADVISED OF HIS/HER RIGHT TO DESIGNATE THE SCHOOL DISTRICT OF ATTENDANCE.

14. PRINT NAME OF LOCAL DSS OR SCHOOL DISTRICT REPRESENTATIVE TITLE

15. SIGNATURE OF LOCAL DSS OR SCHOOL DISTRICT REPRESENTATIVE DATE

16. PLACEMENT COUNTY | | AREA CODE TELEPHONE NUMBER

Local DSS use only