



Northeast School  
Corporation  
Sullivan County

620 N. Washington St.  
Shelburn, IN 47879

Phone: 812-397-5390  
noelt@nesc.k12.in.us

## Student Housing Questionnaire

The answers to the following questions can help determine the services this student may be eligible to receive under the McKinney-Vento Act 42 U.S.C. 11435. The McKinney-Vento Act provides services and supports for children and youth experiencing homelessness. Please see reverse side for more information. If you own/rent your own home, you do not need to complete this form.

If you do not own/rent your own home, please check all that apply below.

- |  |   |
|--|---|
| <input type="checkbox"/> In a motel  | <input type="checkbox"/> A car, park, campsite, or similar location |
| <input type="checkbox"/> In a shelter  | <input type="checkbox"/> Transitional Housing                       |
| <input type="checkbox"/> Moving from place to place/couch surfing                                      | <input type="checkbox"/> Other _____                                |
| <input type="checkbox"/> In someone else's house or apartment with another family                      |   |
| <input type="checkbox"/> In a residence with inadequate facilities (no water, heat, electricity, etc.) |   |

NAME OF STUDENT(S): \_\_\_\_\_  
FIRST MIDDLE LAST

NAME OF SCHOOL(S): \_\_\_\_\_ GRADE: \_\_\_\_\_ BIRTH DATE: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ AGE: \_\_\_\_\_  
MONTH DAY YEAR

GENDER: \_\_\_\_\_  Student is unaccompanied (not living with a parent or legal guardian)  
 Student is living with a parent or legal guardian

ADDRESS OF CURRENT RESIDENCE: \_\_\_\_\_

PHONE NUMBER OR CONTACT NUMBER: \_\_\_\_\_ NAME OF CONTACT: \_\_\_\_\_

Print name of parent(s)/legal guardian(s): \_\_\_\_\_  
(Or unaccompanied youth)

\*Signature of parent/legal guardian: \_\_\_\_\_ DATE: \_\_\_\_\_  
(Or unaccompanied youth)

*\*I declare under penalty of perjury under the laws of the State of Indiana that the information provided here is true and correct.*

IF APPLICABLE, PLEASE RETURN COMPLETED FORM TO YOUR SCHOOL OFFICE. IT WILL BE FORWARDED TO:

<b>District Homeless Liasion:</b>	<b>Phone Number:</b>	<b>Location:</b>
Trina Noel	812-696-2176	Northeast North Elementary School 417 W. Main St., Farmersburg, IN 47850

For School Personnel Only: For data collection purposes and student information system coding

- (N) Not Homeless     (A) Shelters     (B) Doubled-Up     (C) Unsheltered     (D) Hotels/Motels