



Families in Transition Questionnaire

Date: _____

This questionnaire is intended to address the McKinney-Vento Act. Your responses will help the coordinator determine the residency status for enrollment of the student(s) and whether or not any additional support and services may be available. Please return the completed form to Angelina Pues at the Little Chute District Office. If you need assistance completing the form please contact (920) 788-7605.

1. Presently, where is the student(s) living?

- Staying in a shelter (family, domestic violence, youth) or transitional living program
- Sharing the housing of others due to economic hardship or loss of housing
- In a hotel or motel
- Living in a car, park, or campground or other inadequate accommodation.
- Living without a parent or legal guardian
- No choices apply to student(s) living situation**

2. Please list all children presently living with you. Please use the back for more space if needed.

Name	M/F	Birth Date	ID #	School	Grade	IEP?
						<input type="checkbox"/> Y <input type="checkbox"/> N
						<input type="checkbox"/> Y <input type="checkbox"/> N
						<input type="checkbox"/> Y <input type="checkbox"/> N
						<input type="checkbox"/> Y <input type="checkbox"/> N
						<input type="checkbox"/> Y <input type="checkbox"/> N

3. What services do you need at this time?

- | | |
|--|---|
| <input type="checkbox"/> Medical, Dental and Other Health Services | <input type="checkbox"/> School Supplies |
| <input type="checkbox"/> Mental Health Services | <input type="checkbox"/> Transportation Support |
| <input type="checkbox"/> Food | <input type="checkbox"/> Other: _____ |

I certify that the information provided is true and correct. I understand that this application pertains to the current school year only and that I must resubmit an application should the current circumstances continue for the following school year.

Name of Parent/Caregiver(s): _____

Address: _____

- I cannot receive mail at this address

Homeless Coordinator: (920) 788-7605

Date Received: _____