



TODAY'S DATE: _____

Student Name: _____

Student ID: 890 _____

Parent/Guardian's Name: _____

Phone #: _____

New Address: _____ **PROOF OF ADDRESS**

City: _____ State: _____ Zip Code: _____

Transportation Home Daycare Babysitter Doubling Up

Day Care Provider / Baby Sitter Name and #: _____

AM Address: _____

PM Address: _____

Homeless: Yes No -fill out the Residential Questionnaire (**proof of address not applicable**)

Doubled- Up With another family or other person because of loss of housing or as a result of economic hardship
Shelter Emergency or transitional shelter
Awaiting Foster Care Placement
Hotel/Motel Living in what is NOT an emergency or transitional shelter and involves payment
Other Temporary Living Situation Trailer park, campground, car, park, public places, abandoned building, street, or any other inadequate living space

UPDATED ON:
<input type="checkbox"/> Address Page
<input type="checkbox"/> Transportation Screen (IF DIFFERENT FROM HOME ADDRESS) <input type="checkbox"/> AM <input type="checkbox"/> PM
Contacts Page <input type="checkbox"/> Mother <input type="checkbox"/> Father
System Entry Date: _____
Done by: _____