



# CAMPBELL COUNTY SCHOOLS

## Housing Survey

Your answers will help determine if the student meets eligibility requirements for services under the McKinney-Vento Act.

Is your current address a temporary living arrangement?  Yes  No

If yes, is this temporary living arrangement due to loss of housing or financial hardship?  Yes  No

If you answered **NO** to either question, **STOP and DISCARD** this survey.

If you answered **YES** to both questions, **COMPLETE and RETURN** this survey to your child's teacher, school counselor, or administrative offices.

Where are your students currently living? **Check all that apply**

- Motel/hotel due to lack of adequate alternative accommodations
- Shelter or transitional housing
- Shared housing due to loss of housing, economic hardship, or a similar reason
- Unsheltered (campground, vehicle, or other space not meant for habitation)

When your financial situation improves, will you move into your own housing?  Yes  No

Parent/Guardian Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Student(s) Name \_\_\_\_\_ Grade \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Current Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

How long have you lived at this address? \_\_\_\_\_

School currently attending/enrolling? \_\_\_\_\_

*Additional services may be available to students that are in temporary living arrangements.*

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_