

Cherry Creek School District

Confidential Housing Questionnaire

Note for Admission and Schools: If the students qualifies as residing in temporary housing the student is not required to submit proof of residency and other required documents that may be necessary for registration.

Parent/Guardian, please complete the information below to help Cherry Creek School District determine what services, if any, you or your child may be able to receive under the McKinney-Vento Act. If you have any questions, please contact Leslie Navarro-Walker: (303) 681-4513 or email: lnavarrowalker@cherrycreekschools.org.

Parent/Guardian: _____

Phone: _____

Email: _____

Name of child(ren) in Family	Date of Birth	M/F	Grade	Current School

Are any of the children unaccompanied youth (a child or youth who is homeless and not in the physical custody of parent or guardian)?

Yes _____ Where is the child(ren) or youth currently residing?

No _____ Where are you and the child(ren) or youth currently residing?

Current Address/Nighttime residence:

- | | |
|---|--|
| <input type="checkbox"/> Emergency shelter
<input type="checkbox"/> Motel/hotel
<input type="checkbox"/> Vehicle, bus or train station, or car
<input type="checkbox"/> RV park or camp ground
<input type="checkbox"/> Staying with family or friends
<input type="checkbox"/> House/Apt. (Rented or owned) | <input type="checkbox"/> Transitional living program
<input type="checkbox"/> Substandard housing (Apartment or house w/o utilities)
<input type="checkbox"/> Park or public space
<input type="checkbox"/> Abandoned building
<input type="checkbox"/> Other: _____ |
|---|--|

How long have you lived/resided at this current location? _____

Is this a temporary living situation? Yes _____ No _____

How many people live at this address? Adults _____ Children _____ Number of rooms _____

Have you recently (during the last year) experienced any of the following?

- Eviction or Foreclosure
- Financial barriers or inability to afford housing
- Household/Domestic Issues
- Loss or decrease in income/Loss of job/unemployment
- Natural Disaster
- Is your experience due to the COVID-19 pandemic? Yes No
- No. I have not experienced any of the above.

Factors affecting your current living situation:

- | | |
|--|---|
| <input type="checkbox"/> Age | <input type="checkbox"/> Eviction/Foreclosure |
| <input type="checkbox"/> Lack of available resources | <input type="checkbox"/> Lack of child care |
| <input type="checkbox"/> Lack of income | <input type="checkbox"/> Mental health adult |
| <input type="checkbox"/> No housing history/credit score | <input type="checkbox"/> Mental health youth |
| <input type="checkbox"/> No housing available | <input type="checkbox"/> Substance abuse |
| <input type="checkbox"/> Not eligible for assistance/housing | <input type="checkbox"/> Transportation |

Student(s) needs (check all that apply):

- | | |
|---|--|
| <input type="checkbox"/> Transportation for school | <input type="checkbox"/> School supplies |
| <input type="checkbox"/> Immunizations | <input type="checkbox"/> Internet |
| <input type="checkbox"/> Tutor/ homework assistance | <input type="checkbox"/> Computer/Device |
| <input type="checkbox"/> Housing | <input type="checkbox"/> Emergency assistance (food, utilities, clothing, furniture) |
| <input type="checkbox"/> Counseling/Mental Health support | <input type="checkbox"/> Medical |
| | <input type="checkbox"/> Dental |

Other comments: _____

Information provided in this form, other than directory information (such as student's name, address, telephone number, date and place of birth, dates of attendance), are protected as education records under the Family Educational Rights and Privacy Act (FERPA). By signing below I affirm that the information provided is true and correct. I further consent for the School District to release the above named student(s) information to the necessary social services agencies, vendors, and donors for the provision of services to my child and household.

Parent/Guardian Print	Signature	Date
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McKinney-Vento Liaison Print	Signature	Date
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