**McKinney-Vento Program Questionnaire**

Name(s) of Head of Household: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Phone/Message: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name of child in Family | Date of Birth | M/F | Grade | Current School |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

Where are you currently living?

|  |  |
| --- | --- |
| \_\_\_ emergency shelter | \_\_\_ transitional living program |
| \_\_\_ motel/hotel | \_\_\_ apartment or house w/o utilities on |
| \_\_\_ staying with family or friends (doubled up) | \_\_\_ unaccompanied youth |
| \_\_\_ car, campground, abandoned building, public restroom, bus or train station | |

How long did you stay in your last permanent place? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Why did you leave your last permanent residence? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How long have you stayed at your current residence? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is this a temporary living situation? Yes \_\_\_\_\_ No \_\_\_\_\_\_\_

How many people do you live with? Adults \_\_\_\_\_\_ Children \_\_\_\_\_\_ Number of rooms \_\_\_\_\_\_\_

Do you have income (job, TANF, SSI, etc.)? Yes \_\_\_ No \_\_\_\_ Amount per month $ \_\_\_\_\_\_\_\_\_

Are you currently employed? Yes \_\_\_\_ No \_\_\_\_

What was your primary cause of housing instability (1)? Was there a secondary cause (2)? Please mark primary with (1) and secondary with (2, if applicable):

\_\_\_\_ Eviction/Foreclosure/Cannot afford housing

\_\_\_\_ Household/Domestic Factors

\_\_\_\_ Loss or decrease in income/Loss of job

\_\_\_\_ Natural Disaster

\_\_\_\_ Pandemic

\_\_\_\_ None of the above

Student needs (check all that apply):

|  |  |
| --- | --- |
| \_\_\_ transportation | \_\_\_ school supplies |
| \_\_\_ immunizations | \_\_\_ uniform |
| \_\_\_ tutor/ homework assistance | \_\_\_ emergency assistance (food, utilities, clothing, furniture) |
| \_\_\_ housing | \_\_\_ medical |
| \_\_\_ counseling | \_\_\_ dental |

Assessment of needs/barriers

Family barriers:

|  |  |
| --- | --- |
| \_\_\_ age | \_\_\_ eviction |
| \_\_\_ lack of available resources | \_\_\_ lack of child care |
| \_\_\_ lack of income | \_\_\_ mental health adult |
| \_\_\_ no housing history | \_\_\_ mental health youth |
| \_\_\_ no housing available | \_\_\_ substance abuse |
| \_\_\_ not eligible for assistance/housing | \_\_\_ transportation |
| \_\_\_ outstanding utility bills, amount $ \_\_\_\_\_ | \_\_\_ past due rent, amount $ \_\_\_\_\_\_\_ |
| \_\_\_ other | |

Other comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

I declare under penalty of perjury/fraud under the laws of the United States and the State of Colorado that the foregoing information is true and correct. I consent to the release of pertinent information contained above to concerned social service agencies, vendors, and donors as necessary to provide services to my household.

Parent/Guardian Print Signature Date

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

McKinney-Vento Liaison Print Signature Date

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