

**LOS ANGELES UNIFIED SCHOOL DISTRICT**  
Student Health and Human Services

ATTACHMENT G

To be completed by school personnel:  
 Student's District ID#: \_\_\_\_\_  
 Sibling District#: \_\_\_\_\_  
 Sibling District#: \_\_\_\_\_

**STUDENT RESIDENCY QUESTIONNAIRE**

*The goal of the LAUSD Homeless Education Program is to effectively serve students and families in transition, providing advocacy and referral services that foster a sense of empowerment and stability. To determine if your child is eligible for these services, please complete the Student Residency Questionnaire and return it to the Main Office at your child's school. For additional information, please contact the Homeless Education Program at (213) 765-2880.*

Date: \_\_\_\_\_ School: \_\_\_\_\_  
 Student First Name: \_\_\_\_\_ M.I.: \_\_\_\_ Last Name: \_\_\_\_\_ D.O.B.: \_\_\_\_\_  male  female  
 Grade: \_\_\_\_\_ Other (i.e. Adult Ed.) \_\_\_\_\_ Special Ed:  yes  no Designation: \_\_\_\_\_  
 Address: \_\_\_\_\_ Apt #: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Parent/Guardian Name: \_\_\_\_\_ Contact Number: \_\_\_\_\_

The student(s) lives with:  
 1 parent  a relative  
 2 parents  alone with no adults  
 1 parent & another adult  an adult that is not the parent or legal guardian

**Students Living Situation** *(Check all that may apply)*

- In a shelter \_\_\_\_\_ (name of shelter)
- In a motel or hotel \_\_\_\_\_ (name of motel/hotel)
- In a transitional housing program \_\_\_\_\_ (name of program)
- In a car, trailer or campsite, **temporarily, due to inadequate housing**
- In a rented trailer/motor home on private property
- In a SRO building (single room occupancy)
- In a rented garage **due to loss of housing**
- Temporarily in another family's house or apartment **due to loss of housing, due to financial problems (e.g., loss of job, eviction, or natural disaster)**
- Temporarily with an adult that is not the parent/legal guardian **due to loss of housing**
- Awaiting foster placement
- Other places not designed for, or ordinarily used as a regular sleeping accommodation for human beings (explain) \_\_\_\_\_
- Living alone, without any adult
- None of the above apply

If your housing situation changes, please notify the school. We may be able to provide additional assistance.

Sibling: \_\_\_\_\_ DOB: \_\_\_\_\_ Grade: \_\_\_\_ School: \_\_\_\_\_

Sibling: \_\_\_\_\_ DOB: \_\_\_\_\_ Grade: \_\_\_\_ School: \_\_\_\_\_

Sibling: \_\_\_\_\_ DOB: \_\_\_\_\_ Grade: \_\_\_\_ School: \_\_\_\_\_

Signature of Parent/Legal Guardian/Caregiver: \_\_\_\_\_ Date: \_\_\_\_\_

Name and phone number of the Designated School Site Homeless Liaison:

Name	Title	Phone

School Personnel: For any choices except none of the above apply, please fax this form to the Homeless Education Program at (213) 765-3867.