

DISTRICT Homeless Liaison

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For enrollment purposes, children identified as homeless lack a fixed, regular, and adequate nighttime residence. *NOTE:* Students placed in *residential* shelters are **NOT** considered homeless (i.e. Sheltering Harbour, Good Shepherd, etc). Homeless individuals can include the following:

- Unaccompanied youth not residing with parents;
- Students awaiting foster care placement;
- Students living in motels, hotels, or campgrounds due to lack of alternative adequate accommodations;
- Students living in cars, homeless shelters, abandoned buildings, bus stations, etc; and
- Students/families sharing housing of other persons due to loss of housing, economic hardship, or similar reason.

CAMPUS Homeless Administrator shall ensure the following:

1. Assist **parent/student** as they complete the form “*Enrollment Questionnaire for Students Presenting as Homeless*”(one page)
2. **Complete** the form “*Documentation of Homeless Students*” (one page)
3. Call the District Homeless Liaison if there are any questions regarding enrollment, if the homeless status is unclear, or if additional services are needed.
4. **SEND the two forms** (items #1 & #2 above) **to District Homeless Liaison for approval.**

Upon receipt of “approved” forms from the District Homeless Liaison:

5. File “approved/denied” documentation in the student’s **cumulative folder**.
6. **Update the following Chancery screens** - *only if forms are approved*
 - a. **At-Risk screen** = Homeless - one entry required on this screen
 - b. **Title-1 screen** = Homeless - one entry required on this screen
 - c. **Background data screen** = Homeless - two entries required on this screen
7. Verify with **campus** food service manager that student is enrolled in the free meal program. *NOTE: It is NOT necessary for homeless student to complete free meal application.*
8. Contact the district’s homeless liaison as needed to provide appropriate support/services to the homeless student. All approved homeless students are eligible for the following:
 - Free meal program
 - Programs for Pre-Kindergarten (if applicable)
 - Programs serving at-risk students
 - Title I, Part A services

DISTRICT Homeless Liaison will:

- A. Authorize, date, and return the forms to the *Campus Homeless Administrator*;
- B. Notify KISD Food Services Department to expedite free meal services for homeless student; and
- C. Collaborate with campus homeless administrator to coordinate programs/services for homeless student.

Documentation of Homeless Students

- To be completed by CAMPUS homeless administrator -

PLEASE PRINT

A. **Campus** _____ **Date** ____/____/____
Campus Admin Contact _____ **Phone** (____) ____ - _____

B. **Student Name** _____ **Grade** _____
Student ID Number _____ **DOB** ____/____/____

C. Student's **current primary nighttime residence** is (check box below):

Category	Description
<input type="checkbox"/> Shelter	Student living in emergency, domestic violence, youth, family, and transitional shelter OR awaiting foster care placement.
<input type="checkbox"/> Doubled-Up	Student sharing the housing of other persons because of loss of housing, economic hardship, or a similar reason - situation is brand new, uncertain, and family does not know where they would reside if they were not doubled-up.
<input type="checkbox"/> Unsheltered	Student living in car, parks, public spaces, abandoned buildings, substandard housing, bus/train stations or similar settings.
<input type="checkbox"/> Hotel/Motel	Student living in motels or hotels because they lack alternative adequate accommodations.

D. Student is an (check box below):

<input type="checkbox"/> Accompanied youth	In physical custody of parent/legal guardian
<input type="checkbox"/> Unaccompanied youth	Not in physical custody of parent/legal guardian

E. Student has records from previous school (check one): ____ Yes ____ No

F. Student needs assistance with immunizations (check one): ____ Yes ____ No

G. Student needs assistance with transportation (check one): ____ Yes ____ No

H. **SEND completed form to DISTRICT Homeless Liaison:**

Name: Christopher Ruggerio – SSC Phone = 832.249.4006 Email: cruggerio@kleinisd.net
 Fax: 832.249.4322

For District Homeless Liaison's use only:

APPROVED = Start date ____/____/____ Signature: _____

NOT APPROVED = Written Notice ____/____/____ Signature: _____



Enrollment Questionnaire for Students Presenting as Homeless

The answers you provide will help determine the services the student may be eligible to receive. Homeless status applies only to the school year in which the identification is made. All students are reevaluated at the beginning of each school year

To Be completed by STUDENT or PARENT

- A. Campus _____ Today's Date ____/____/_____

Student Name _____ ID Number _____ Grade _____
- B. Other children (include name, grade, campus): _____
- C. Name of Person Completing Form: _____

Relationship to student: _____

Student's Primary Nighttime Address: _____

Phone Number: (____) _____ - _____
- D. How long have you lived at your CURRENT location? ____# years ____# months ____# weeks ____# days
- E. How long did you live at your PRIOR residence? ____# years ____# months ____# weeks ____# days
- F. Last School Name = _____ -> Last District Name = _____
- G. Did you recently experience a loss of housing? ____ Yes ____ No

If yes, the loss of housing was due to: ____ Job loss

____ Natural disaster

____ Major illness resulting in loss of income

____ Other (describe): _____
- H. Is your current address a temporary living arrangement? ____ Yes ____ No

If yes, please describe: _____

- I. How long do you expect to remain in your current living situation?

____# years ____# months ____# weeks ____# days ____ unknown
- J. Have your economic circumstances significantly changed in the past six months? ____ Yes ____ No

If yes, please describe: _____

- K. Do you currently live with another family? ____ Yes ____ No

If yes, then answer the following:

Are you a member of the host family? ____ Yes ____ No

Is this arrangement due to economic concerns? ____ Yes ____ No

Is this arrangement due to social/cultural choices? ____ Yes ____ No

Is this situation a temporary living arrangement? ____ Yes ____ No

Where did you live before moving in with this family? Please describe: _____

- L. For minors enrolling without an adult, please answer the following two questions:
 1. Do you live with your parents? ____ Yes ____ No
 2. If you do **not** live with your parents, then why not?
 - ____ Parents will not allow you to live with them
 - ____ I choose to live in this school's attendance zone -> Reason (describe)= _____
 - ____ Parents are deceased or unavailable
 - ____ Other Reason (describe) _____

*** Presenting a false record or falsifying records is an offense under Section 37.10, Penal code, and enrollment of the child under false documents subjects the person to liability for tuition or other costs. TEC Sec. 25.002(3)(d).**

*** SIGNATURE** = _____ **Date** = _____



Cuestionario de Inscripción para Estudiantes que se Presentan como Personas sin Hogar

Este cuestionario tiene como objetivo abordar la Ley McKinney-Vento 42USC 11434a(2)
Las respuestas que usted provea, ayudarán a determinar los servicios para los cuales el estudiante puede ser elegible.
El status de persona sin Hogar, se aplica sólo al año escolar en el que se hizo la identificación. Todos los estudiantes se vuelven a evaluar al comienzo de cada año escolar.

-Para ser completado por el PADRE ó ESTUDIANTE-

- A. **Escuela** _____ **Fecha de Hoy** ____/____/____
Nombre del estudiante _____ **Número de ID** _____ **Curso** _____
- B. **Otros niños (Incluya nombre, grado, y escuela):** _____
- C. **Nombre de la persona que complete la forma** _____
Relación con el estudiante: _____
Dirección principal del estudiante en horas de la noche: _____

Número de Teléfono: (____) _____ - _____
- D. ¿Hace cuánto tiempo vive en éste lugar (**Residencia actual**)? ____# años ____# meses ____# semanas ____# días
- E. ¿Cuánto tiempo vivió en la **residencia anterior**? ____# años ____# meses ____# semanas ____# días
- F. Nombre de la última escuela a la que asistió = _____ -> Nombre de último Distrito Escolar = _____
- G. ¿Acaba de perder su vivienda? _____ Si _____ No
Si contestó sí, la pérdida de vivienda se debió a: _____ Pérdida de trabajo
_____ Desastre Natural
_____ Enfermedad grave que trajo como consecuencia la pérdida de un ingreso principal
_____ Otro (describa): _____
- H. ¿Es su dirección actual, una vivienda temporal? _____ Si _____ No
Si contestó afirmativamente, *por favor describa:* _____

- I. ¿Cuánto tiempo espera permanecer en su situación de vida actual?
____# años ____# meses ____# semanas ____# días ____ No sabe
- J. ¿Su circunstancia económica cambio significativamente en los pasados seis meses? _____ Si _____ No
Si contestó afirmativamente, *por favor describa:* _____

- K. ¿Vive actualmente con otra familia? _____ Si _____ No
Si contestó afirmativamente, conteste las siguientes preguntas:
¿Es usted miembro de la familia anfitriona? _____ Si _____ No
¿Este arreglo se ha hecho debido a asuntos económicos? _____ Si _____ No
¿Este arreglo se ha debido a opciones sociales/culturales? _____ Si _____ No
¿Es ésta una situación de arreglo temporal de vivienda? _____ Si _____ No
¿En dónde vivía usted antes de mudarse con esta familia? *Por favor describa:* _____

- L. Los menores registrándose sin adultos, por favor contestar las siguientes dos preguntas:
1. ¿Vive con sus padres? _____ Si _____ No
2. Si usted **no** vive con sus padres, ¿Por qué no?
____ Sus padres no le permiten vivir con ellos
____ Elegí vivir en la zona de esta escuela ->Razón (*Describe*)= _____
____ Los padres han fallecido ó no están disponibles
____ Otra razón (*Describe*) _____

* **Presentar un documento falso ó falsificar documentos es una ofensa al código Penal, Sección 37.10 y el registro de un niñobajo documentos falsos hace a la persona responsable por el pago de matrícula u otros costos.TEC Sec. 25.002(3) (d).**

* **FIRMA** = _____

FECHA = _____