



McKinney Vento Assistance Act Student Questionnaire

Marysville Joint Unified School District
Homeless Education Program
(530) 682-9494
Fax: (530) 741-6026

Dear Parent/Guardian:

Please complete the following questionnaire. All information will be treated confidentially. Completing this form will help the district determine if your student/family is in need of additional assistance from Marysville Joint Unified School District or other outside agencies. If you have questions, please call the number listed above.

Date: _____

Name of Parent/Legal Guardian: _____ Date of Birth: _____

Address: _____ Telephone: _____

How long at the above address? _____

Name(s) of all children in the family:

_____ School: _____ Grade: _____ Age: _____

_____ School: _____ Grade: _____ Age: _____

_____ School: _____ Grade: _____ Age: _____

_____ School: _____ Grade: _____ Age: _____

_____ School: _____ Grade: _____ Age: _____

Where does the child currently live?

- ☐ With another family by choice
- ☐ With another family because I can't afford or find housing
- ☐ In a hotel/motel
- ☐ In a garage, abandoned building, or other inadequate accommodations
- ☐ In a shelter (Depot, Casa de Esperanza, community shelter, etc.)
- ☐ In a car, van, tent, or on the street
- ☐ Own or rent home

Parent Signature: _____ Date: _____