Email completed form to: kaylee.cutler@rusd.org



Families in Transition Questionnaire

	Date:				
This questionnaire is intended to addr coordinator determine residency state additional support and services may be	us for enrollmer				
1. Presently, where is the student(s) living?				
Staying in a shelter or transition Sharing the housing of others of In a hotel or motel Living in a car, park, or campgrativing without a parent or legation No choices apply to student(s)	nal living progra lue to economic ound or other in l guardian	hardship or	_		
2. Please list all children presently	living with you				
Name	Birth Date	ID#	School	Grade	IEP?
					Y
3. What services do you need at this		_			
Medical, Dental and Other Hea Mental Health Services Food Assistance Navigating Availabl		Clot Oth	ool Supplies thing er:		
I certify that the information provide to the current school year only and circumstances continue for the following the school year only and circumstances continue for the following the school year.	that I must res	ubmit an ap			pertains
Name of Parent/Caregiver(s):					
Address: I cannot receive mail at the	s address				
Phone:		mail:			

IMPORTANT- if eligible for McKinney-Vento Services your children have the right to:

- → Continue to attend the school attended before you became homeless or last school attended (School of Origin).
- → Receive transportation to the school of origin while homeless if eligibility is met.
- → Enroll in school without a permanent address and attend classes while the school arranges for required documents.
- → Have access to the same programs and services available to all other students.
- → Attend school with children not experiencing homelessness; a school cannot segregate a student due to their living situation.

FIT Coordinator: 262-619-4620 Date Received: