



Submit to Tori

Submit to Gina

Submit to Monica

Submit to Nicole

WCSD Children in Transition Eligibility Referral 2022/2023 SY

Student: _____ Student ID: _____ Student DOB: _____
Last Name First Name

School: _____ Grade: _____ Ethnicity _____

This questionnaire is intended to identify and support our students who are experiencing homelessness or who lack stable, adequate housing. Students' eligibility will be determined on meeting the qualifications defined in the McKinney-Vento Act, Title X, Part C.

1. Presently, where does the student stay at night?

Doubled up with others (not on the lease/mortgage) (With whom: _____) Hotel/Motel (Motel name: _____) RV or Mobile Trailer (Name of RV park: _____)

Temporary or Transitional Shelter. (Name of shelter/transitional housing: _____) Teen parent living doubled-up with parent or other family/friends (with whom: _____)

Unsheltered (ie: cars, parks, abandoned buildings) Or Inadequate housing (ie: substandard living conditions such as lack of power, water, overcrowding) (Explain: _____) Other (Explain: _____)

2. Who does the student reside with?

Parent Legal Guardian (court appointed guardianship/custody, short term and/or permanent) Unaccompanied Youth

3. Is the current living situation temporary due to loss of housing/displacement caused by economic hardship?

Yes No (Explain: _____)

4. If "Yes" to #3, was the loss of housing caused by (check all that apply)

Loss of income/unemployment Leaving a domestic violence situation Incarceration

Illness/medical reasons Foreclosure/eviction Natural Disaster Other _____

5. Helpful Links for Resources

- Transportation (complete transportation request form [Microsoft Word - CIT Transportation Request 22-23 word 1 \(washoeschools.net\)](https://www.washoeschools.net))
- Backpack/school supplies, uniforms OR School clothing, hygiene supplies, birth certificate, immunization /medical records, tutoring (complete item request form and submit to your assigned Homeless Liaison) [new CIT item request 22-23 SY.pdf \(washoeschools.net\)](https://www.washoeschools.net))
- School/Athletic Fees (complete the fee reimbursement form and submit to your assigned Homeless Liaison) <https://www.washoeschools.net/cms/lib/NV01912265/Centricity/Domain/705/CIT%20Fee%20Reimbursement.pdf>)
- Family Resource Center Referral <https://www.washoeschools.net/Page/5706>

6. Please list all siblings in the household, including children ages 0-5.

Sibling #1 _____ DOB: _____ School _____ Ethnicity _____
 Sibling #2 _____ DOB: _____ School _____ Ethnicity _____
 Sibling #3 _____ DOB: _____ School _____ Ethnicity _____
 Sibling #4 _____ DOB: _____ School _____ Ethnicity _____

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)

Name and Title of person completing the form: _____

School Assigned CIT Advocate Signature: _____

-----For CIT Office Use Only-----

Homeless Liaison Verification: _____ Date: _____