



Submit to Tori

Submit to Terrie

Submit to Monica

Submit to Nicole

"Submit" button should prompt an email for you to send form, adobe program is required.

## WCSD Children in Transition Eligibility Referral

Student: \_\_\_\_\_ Student ID: \_\_\_\_\_ Date: \_\_\_\_\_  
Last Name First Name

School: \_\_\_\_\_ Grade: \_\_\_\_\_ Student DOB: \_\_\_\_\_ 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 sleep at night? (information required)

- ☐ Temporarily staying (doubled) with others due to loss of housing (not on the lease/mortgage) (With whom: \_\_\_\_\_)
- ☐ Homeless/Domestic Violence Shelter or Transitional Shelter: \_\_\_\_\_
- ☐ Unsheltered (ie: cars, parks, abandoned buildings) OR Inadequate housing (ie: substandard living conditions such as lack of power, water, overcrowding) (Explain: \_\_\_\_\_)
- ☐ Hotel/Motel (Motel name: \_\_\_\_\_)
- ☐ RV or Mobile Trailer (Name of RV park: \_\_\_\_\_)
- ☐ Teen parent living doubled-up with parent or other family/friends (With whom: \_\_\_\_\_)
- ☐ Other (Explain: \_\_\_\_\_)

### 2. Who does the student reside with? (information required)

- ☐ Parent ☐ Legal Guardian (court appointed guardianship/custody) ☐ Non-Legal Guardian (unaccompanied youth)

### 3. What caused the loss of housing? (information required)

- ☐ Financial Hardship ☐ Loss of income/unemployment ☐ Leaving a domestic violence situation ☐ Incarceration
- ☐ Illness/medical reasons ☐ Eviction ☐ Natural Disaster ☐ Other (Explain: \_\_\_\_\_)

### 4. Helpful Links for Resources

- Transportation (complete transportation request form)
- 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.pdf \(washoeschools.net\)](https://www.washoeschools.net/cms/lib/NV01912265/Centricity/Domain/705/CIT%20Fee%20Reimbursement.pdf)
- 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>

### 5. 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: \_\_\_\_\_ Date: \_\_\_\_\_

School Assigned CIT Advocate Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

Homeless Liaison Verification: \_\_\_\_\_ Date: \_\_\_\_\_