

## Data Elements for Homeless Students (for SIS)

### Basic Demographic Information

- 01 Student ID (SIS) \_\_\_\_\_
- 02 Legal Last Name \_\_\_\_\_
- 03 Legal First Name (NO nicknames) \_\_\_\_\_
- 04 Birth Date \_\_\_\_\_
- 05 Grade \_\_\_\_\_
- 06 School \_\_\_\_\_

07	<b>Unaccompanied youth? (An unaccompanied youth is not in the physical custody of a parent or guardian and who is homeless.)</b>	Yes	No
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08	<b>Primary night-time residence</b>	<b>Circle or highlight one that applies</b>	
	01 - Sheltered - In shelter, transitional housing or awaiting foster care	01	
	02 - Doubled Up - Sharing housing of another person or persons	02	
	03 - Unsheltered - Car, park, campground, temp trailers including FEMA, abandoned buildings)	03	
	04 - Hotel/Motel - In hotels or motels	04	
	99 - Erroneous - To correct errors	99	

	<b>Is this student receiving any of the following services as required by McKinney-Vento? (may be through Title I)</b>	<b>Default is No Circle only if Yes (all that apply)</b>	
09	Tutoring and Other Instructional Support	Yes	No
10	Expedited Evaluations	Yes	No
11	Staff Development and Awareness	Yes	No
12	Referrals for Medical Dental and other Health Services	Yes	No
13	Early Childhood Programs	Yes	No
14	Assistance with Participation in School Programs	Yes	No
15	Before-School After-School Mentoring Summer Programs	Yes	No
16	Obtaining or Transferring Records Necessary for Enrollment	Yes	No
17	Parent Education Related to Rights and Resources for Children	Yes	No
18	Coordination between Schools and Agencies	Yes	No
19	Counseling	Yes	No
20	Addressing Needs Related to Domestic Violence	Yes	No
21	Clothing to Meet a School Requirement	Yes	No
22	School Supplies	Yes	No
23	Referral to Other Programs and Services	Yes	No
24	Emergency Assistance Related to School Attendance	Yes	No
25	Other (Services and Activities Provided by the McKinney-Vento Sub Grant Program)	Yes	No

	<b>Is this student experiencing any of the following barriers to their education?</b>	<b>Default is No Circle only if Yes (all that apply)</b>	
26	Eligibility for Homeless Services	Yes	No
27	School Selection	Yes	No
28	Transportation	Yes	No
29	School Records	Yes	No
30	Immunizations or Other Medical Records	Yes	No
31	Other (Barriers to the Education of Homeless Children and Youths)	Yes	No

Please note:

The application for free and reduced fees asks if the family is homeless.  
You may want to check these forms for help in identifying homeless families.

Send original completed form to: