



**INSTRUCTIONS:** Complete a separate form for each identified homeless student. Retain at school level. This is a local use courtesy form for use in compiling aggregate homeless student data. Report homeless student state to MDE in SRSD.

School Year

**Note:** This form is for local use only and not to be returned to the Michigan Department of Education.

GENERAL INFORMATION																										
School				Mailing Address <i>Street, City, State Zip</i>							LEA Code															
HOMELESS STUDENTS																										
Student	Grade Pre-K thru 12	Gender		Check if				Race/Ethnicity <i>Check One</i>																		
		Female	Male	Disabled	Migrant	English Language Learner	Rec'd Title 1 Part A Services	Asian or Pacific Islander	Black, Not Of Hispanic Origin	Hispanic	Amer. Indian or Alaskan Native	White, Not of Hispanic Origin														
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>														
HOMELESS STATUS																										
<b>Homeless Status</b> <i>Check the appropriate status for the identified homeless student in your school.</i>  <input type="checkbox"/> Living with Family <input type="checkbox"/> Separated from Family <input type="checkbox"/> Foster Care Pending <input type="checkbox"/> Runaway <input type="checkbox"/> Unaccompanied youth <input type="checkbox"/> Throwaway (Kicked out of home or abandoned. Possibly due to pregnancy, LGBT issues, family conflicts, parental mental health, or alcohol and other drug abuse (AODA) issues) <input type="checkbox"/> Released from penal institution <input type="checkbox"/> Abandoned <input type="checkbox"/> Other <i>Specify</i> _____ _____ _____ _____	<b>Living Arrangements</b>  <input type="checkbox"/> In a shelter <input type="checkbox"/> Doubled-up <input type="checkbox"/> In a hotel/motel <input type="checkbox"/> Unsheltered (on the street, car, park, campground, abandoned building) <input type="checkbox"/> Unknown <input type="checkbox"/> Other <i>Specify</i> _____ _____ _____ _____ _____						<b>Mobility</b>  <b>Did this student</b> <input type="checkbox"/> Stay in school of origin within district? <input type="checkbox"/> Attend school of origin across LEA boundaries?  <b>District Programs this Student is Enrolled In</b> <i>Check all that apply. Report for Pre-K through 12 Only</i> <table border="1"><thead><tr><th>Special Education</th><th>English Lang. Learner (ELL)</th><th>Gifted/Talented</th><th>Vocational Education</th><th>Student Attending Alternative School</th></tr></thead><tbody><tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/> Yes <input type="checkbox"/> No</td></tr></tbody></table> <table border="1"><thead><tr><th>Name and Address of School in which Student is Currently Enrolled</th><th>No. of Other Schools Student Previously Attended</th></tr></thead><tbody><tr><td></td><td>In How Many Districts</td></tr></tbody></table>						Special Education	English Lang. Learner (ELL)	Gifted/Talented	Vocational Education	Student Attending Alternative School	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	Name and Address of School in which Student is Currently Enrolled	No. of Other Schools Student Previously Attended		In How Many Districts
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HOMELESS STUDENT TRANSPORTATION INFORMATION																										
Was transportation to the school of origin provided to this student?  <input type="checkbox"/> Yes <input type="checkbox"/> No  <b>If yes,</b> Was School of Origin: <input type="checkbox"/> Within District <input type="checkbox"/> Outside District  <b>School of Origin</b> means the school that the child or youth attended when permanently housed or the school in which the child or youth was last enrolled.							<b>Transportation Mode</b> <table><tr><td><input type="checkbox"/> Add'l/Extended Bus Route</td><td><input type="checkbox"/> Public Transportation</td><td><input type="checkbox"/> Taxi</td></tr><tr><td><input type="checkbox"/> Contracted Transp. Services</td><td><input type="checkbox"/> Special Ed. Bus/Van</td><td><input type="checkbox"/> City/County Service</td></tr><tr><td><input type="checkbox"/> Privately-Owned Non-Family Vehicle</td><td><input type="checkbox"/> Reimbursing Family or</td><td></td></tr><tr><td colspan="3"><input type="checkbox"/> Other <i>Specify</i> _____</td></tr></table>						<input type="checkbox"/> Add'l/Extended Bus Route	<input type="checkbox"/> Public Transportation	<input type="checkbox"/> Taxi	<input type="checkbox"/> Contracted Transp. Services	<input type="checkbox"/> Special Ed. Bus/Van	<input type="checkbox"/> City/County Service	<input type="checkbox"/> Privately-Owned Non-Family Vehicle	<input type="checkbox"/> Reimbursing Family or		<input type="checkbox"/> Other <i>Specify</i> _____				
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# BARRIERS FOR HOMELESS STUDENT PROGRAM

Indicate specific barriers this homeless student experienced at point of identification.

Eligibility Questioned	School of Origin Selection	Transportation	Immunization/Medical Records	Other <i>Specify</i>

Indicate any other barriers you encountered when attempting to provide services to this homeless student.

Indicate if there were any unmet needs of this homeless student in your school.

Number of staff development and awareness in-service programs offered to school staff on the topic of homelessness: