



District 318
Homeless Needs Assessment
School Year: 20__ / 20__

Student's First Name	Student's Last Name	School	Grade
-----------------------------	----------------------------	---------------	--------------

Mother's Name	Mother's Address	Mother's Phone
----------------------	-------------------------	-----------------------

Father's Name	Father's Address	Father's Phone
----------------------	-------------------------	-----------------------

Other Children in the Home		
Name	School	Grade

Date of First Night of Homelessness _____

Comments -- For example: What do we know about the family? Prior resources? What resources do they need? Special education status? Type of housing (shelter, unsheltered, shared/couch hopping, motel, campground)? Please be specific and provide as much detail as you can.

_____ Administrator	_____ Date
------------------------	---------------

_____ District Liaison	_____ Date
---------------------------	---------------

_____ School Representative	_____ Date
--------------------------------	---------------

Homeless Liaison will distribute signed copies to:
 School Counselor Transportation Student Services Food & Nutrition Special Ed Other _____

Homeless Student Identification Process

- 1) Identify homelessness
 - This can be reported by anyone
 - Homelessness is defined as living in any of these situations:
 - ___ Shelter
 - ___ Shared Housing / couch hopping
 - ___ Hotel
 - ___ Camper / Car
 - ___ Other: _____
- 2) Complete "Homeless Needs Assessment" form or alert School Homeless Liaison Rep to do so (school social worker or student support specialist)
- 3) Scan and email a copy to Lyn Rajala in Student Services and to Paula Schafer in Food Service (only school rep signature needed at this point)
- 4) Give to School Administrator to be signed
- 5) School Administrator will send to District Homeless Liaison, Ken DeCoster
- 6) District Homeless Liaison will sign and distribute copies as noted on the HNA form

Data entry

Spring Data Review