

STATE AND FEDERAL PROGRAMS DEPARTMENT

TITLE 1 – No Child Left Behind

Pershing County School District

1170 Elmhurst Avenue

Lovelock, Nevada 89419

2020-2021

Homeless Services Form/Children in Transition Program

STUDENTS NAME _____ DOB _____

SCHOOL _____ GRADE _____ DATE _____ **NOT HOMELESS**

IF, you are in a homeless living situation please complete the information below.

Homeless living situations may include the following: weekly motel, domestic violence or homeless shelter, staying with someone due to financial hardship, car, camper, or other temporary place.

<input type="checkbox"/> Homeless Shelter/Domestic Violence Shelter	Name of Shelter
<input type="checkbox"/> Hotel <input type="checkbox"/> Motel <input type="checkbox"/> RV Park	Name of Hotel/Motel/RV Park Room/Space #
Living with another family? YES NO If so, why?	<input type="checkbox"/> Unemployed <input type="checkbox"/> Evicted <input type="checkbox"/> Divorced <input type="checkbox"/> Illness <input type="checkbox"/> Incarcerated <input type="checkbox"/> Other
Do you contribute money to the household If so, how much?	<input type="checkbox"/> Zero <input type="checkbox"/> Less than half the rent <input type="checkbox"/> Half <input type="checkbox"/> More than half the rent
<input type="checkbox"/> Institution <input type="checkbox"/> Kids Kottage <input type="checkbox"/> Abandoned	<input type="checkbox"/> Runaway <input type="checkbox"/> Unaccompanied

If student is living with someone other than a parent, does this person have **Legal Guardianship**? YES NO

Names of your other children attending a Pershing County School:

1. _____ School _____
2. _____ School _____

TO BE FILLED OUT BY SCHOOL CIT ADVOCATE

Student ID # _____ Site # SASI _____

Coded CIT in SASI Page 3 YES NO

Principal Signature _____ Homeless Liaison Signature _____

Mail original to District Homeless Liaison Office: Gloria Bratitotis/Monica Ayala

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