



**LOS ANGELES UNIFIED SCHOOL DISTRICT
POLICY BULLETIN**

ATTACHMENT M

Student Name _____ School _____

All school aged siblings must have a separate SRQ and be identified in MISIS to receive services. List all siblings between the ages of birth and 22 years old.

Name	Birthdate	Grade	School

Please check areas of need, if any (homeless school site liaison may be able to facilitate referral to some of these resources):

<input type="checkbox"/> Backpack/School Supplies	<input type="checkbox"/> Hygiene Kits
<input type="checkbox"/> Clothing Assistance (Shoes, Clothing, Uniforms)	<input type="checkbox"/> Assistance for a Homeless Teen Parent
<input type="checkbox"/> Tutoring	
<input type="checkbox"/> Transportation Assistance	<input type="checkbox"/> No Services Requested

*****IF YOU ARE REQUESTING TRANSPORTATION ASSISTANCE, SIGN THE AFFIDAVIT BELOW.**

I need assistance from LAUSD, as I have no alternate means to deliver my child to school. I agree to have my child attend school every day and on time. I also agree to notify the District if our situation changes or we no longer require this assistance. I understand that my child must meet the eligibility criteria for transportation assistance and I must comply with sign-in and supervision requirements.

Parent/Guardian's Signature: _____ Date: _____

ATTENTION SCHOOL SITE HOMELESS LIAISON

The School Site Homeless Liaison shall provide needed referrals for school clothing/uniforms, tutoring, counseling, medical/dental/health, and food pantries. If you need assistance with referrals, please refer to the Homeless Liaison Training Manual. **The liaison is responsible for arranging the pick up of resources provided for homeless students by the Homeless Education Program.** For additional assistance and resources such as temporary housing, families can be referred to 211 which is accessible 24 hours a day in all languages.

The Homeless Liaison Training Manual and other resources can be found at: <http://homelesseducation.lausd.net>

School Site Homeless Liaison:

Name _____ Title _____ Phone _____ E-mail _____

SCHOOLS PLEASE NOTE:

- ✓ The Student Residency Questionnaire (SRQ) must be kept in a **confidential file**, which is separate from the Permanent Student Record (**DO NOT PLACE THIS FORM IN CUMULATIVE FILE**).
- ✓ For any choices except none of the above applies, please fax this form (both sides) to the Homeless Education Program at (213) 580-6551.

(For Homeless Education Program Use Only)

1. Student is living within his/her school's residence boundaries? NO YES - If yes, student does not qualify for transportation assistance.

2. Student is eligible for transportation? NO YES _____

Transportation Request Processed by _____ Date _____

If transportation is denied, a denial letter will be sent to the School-Site Homeless Liaison. Parent/guardian can appeal.