

HAYWOOD COUNTY SCHOOLS
Tuscola High School

Date: _____

Support Services

Student Name: _____ DOB: _____

Resides with: _____ Relationship: _____

Please list other household members: _____

Address: _____ Phone: _____

Please answer the following that apply: (yes or no)

- Are you currently living with other people due to economic hardship? _____
- Are you living in a temporary dwelling such as a motel, campground, etc.? _____
- Are you living in an emergency shelter, such as REACH? _____

The above information is required by the federal McKinney-Vento Homeless Act 2001 (Subtitle B of title VII) and will be used to help determine student needs.

For School use only. Please give this form to SSW