



Camden City School District
Identification of Displaced Families /Application for Services

PARENT/GUARDIAN NAME: _____

ADDRESS: _____ PHONE: _____

STUDENT NAME: _____

PARENT EMAIL _____

SECTION I:

Are you the tenant (the one who pays the rent) or owner of the home? Yes No
 (Proof required: copy of lease, notarized letter from landlord, utility bills, etc.)

If you answered No please answer the questions below

SECTION II: Only to be completed if you answered NO above.

Are you living with another family (friends or relatives) out of necessity? Yes No

(Forced to move due to eviction, domestic violence, unsafe house, termination of utilities, overcrowding, etc.)

Are you living in a motel or hotel out of necessity? Yes No

Are you in a shelter or transitional housing? Yes No

Are you unsheltered?
 (Living in a car, bus/train station, park, on the streets, abandoned buildings) Yes No

Are you moving from one home to another because you lost your home?
 (Never in the same place) Yes No

Name of Last School Child attended _____

School City _____ School State _____

Parent/Guardian Signature _____ Date _____

OFFICE ONLY:

If the parent/guardian answers Yes to any of the questions:

- Send the completed form to the District Office of Human Services by scanning and emailing it to Sandra Cintron at scintron@camden.k12.nj.us or faxing it to 856.966.6369;
- Complete the Office of Human Services Referral and Inquiry Form found in the left column of the CCSD home website.
- Continue to register the student, using a previous address or temporary address. (if temporary select homeless address in Genesis)

***An unaccompanied youth (McKinney-Vento Act) is one who is not in the physical custody of a parent or guardian and:**

- Living in a shelter for runaways, abandoned building, car, on the streets or inadequate housing BY THEMSELVES; OR
- Children and youth denied housing by their families; OR
- School age unwed mothers living in homes or shelters for unwed mothers and who have no other housing available.

Clerk Name/Extension _____ School Name _____

Cumulative File If family is displaced, send to Sandra Cintron