**Each Local Education Agency (LEA) is required to complete Homeless Student Needs Assessment as a part of their application for Title I, Part A funds via iGrants Form Package (FP) 201.**   
**Note**: LEAs will submit information on Pages 3 and 4 to the Office of Superintendent of Public Instruction (OSPI) as part of iGrants FP 201. In addition, OSPI is providing in this information in Word format for your LEA collaborative work.

## Why is OSPI requiring a completed Homeless Student Needs Assessment as part of the 2017–18 Title I, Part A Application?

* All LEAs must set-side Title I, Part A funds in an amount necessary to serve homeless students in Title I and non-Title I schools and/or shelters and other locations where homeless children and youth may live. ESEA Section 1113(c)(3) and U.S.C. 6313 (c)(3)
* LEA Title I, Part A plans must describe the services it will provide homeless children and youth to support enrollment, attendance, and success. This description must include the coordination of services provided under McKinney Vento and the services provided with the Title I, Part A set-aside. ESEA Section 1112(b)(6) and U.S.C. 6312 (b)(6)

## Who should be involved?

OSPI requests that the LEA’s Title I, Part A Director and Homeless Liaison work collaboratively to complete this needs assessment as a way to determine the appropriate amount of Title I, Part A funds to set aside to meet the needs of homeless students. To ensure all homeless student needs are identified, school-level staff should be included in the completion of the needs assessment whenever possible. We encourage your transportation director to be part of the conversation.

## What does this form do?

This form allows LEAs to document the following:

1. Dollar amount of Title I, Part A Homeless set-aside.
2. Evidence of a needs assessment or other written documentation of how the Title I, Part A Homeless set-aside amount was determined.
3. Evidence that the Title I, Part A Homeless set-aside amount is sufficient to identify homeless students and meet unique needs of identified homeless students.
4. Description/documentation explaining how Title I, Part A Homeless set-aside dollars for homeless students are spent.
5. Funds other than Title I, Part A used to support the needs of homeless students, and evidence of the sources and amounts of these funds.

# Guiding Questions for Consideration

As you collaboratively determine the amounts for homeless services, and the Title I, Part A set-aside, consider the following:

* **Capacity:** Is your LEA’s homeless liaison provided with the time to meet the duties under McKinney-Vento?
* **Needs:** How many homeless students are you planning for? How many actually needed services in the past few years? Do your numbers match your LEA needs?

# Directions to Report Cost and Funding Resources:

The categories listed in this needs assessment are intended to provide insight into the needs of homeless students in your LEA and display how you are using your funds to meet these needs.

For each category on the assessment, please list the following:

* The full cost associated with meeting that need.
  + The funding sources used. (If multiple sources are used, please indicate each source.)
  + The amount from each funding source. Categories with no cost associated must be indicated with a $0.
* If a category is not a recognized need, please explain why in Section E of this needs assessment.

**Please note:** This information on page 4 will be collected by OSPI through a table embedded in iGrants FP 201. If the LEA does not recognize a need for a particular category, it will need to enter an amount of $0 and explain why in Section E. **The total of the Title I, Part A Homeless set-aside Amount column will be the amount entered on Page 5-A2 of iGrants FP 201. Please see below for a description of items that fit within each category.**

*To assist your LEA with completing the table on page 4, a detailed template for the needs assessment is provided on pages 5 through 8. It is not required.*

For more information on allowable expenses, please see the [NCHE Issue Brief on Homelessness and Title I, Part A](http://k12.wa.us/TitleI/pubdocs/NCHE-HomelessnessandTitleIPartABrief.pdf) or the [2015 Education Department’s Dear Colleague Letter](http://k12.wa.us/TitleI/pubdocs/ED2015DearColleagueLetter.pdf).

# Explanation of Categories

* **Liaison Capacity-Costs Associated.** Provide the salary costs for the Homeless Liaison and a separate amount provided for professional development. The salary should reflect the portion of the FTE reported for the LEA Homeless Liaison on Question A8. Report the FTE for all funds, not just Title I, Part A.
* **School Transportation.** Provide the costs for School Transportation for Homeless Students. In addition to stating the costs of homeless pupil transportation, please also include the percentage currently paid to the LEA through the state transportation funding formula.
* **Student Educational Needs-Costs Associated.** Examples include clothing, PE uniforms, school uniforms, school supplies (for use in school), school and study support supplies (for use off-site at shelters, hotel, home, etc.), food (to meet need during instructional time or activities).
* **Enrollment/Transfer Services-Costs.** Examples include records transfer (postage, etc.), birth certificates, immunizations.
* **Medical/Mental Health/Shelter Support.** Examples includes referrals/services for medical, dental, mental health/counseling, substance abuse, housing, domestic violence.
* **Costs Associated With Removing Barriers To Participation, Retention And Success In School.** Examples include extracurricular fees, test tees (IB/ACT/SAT etc.), co-curricular (ASB cards, cap and gown), materials and fees for educational programs/courses (i.e., fees associated with music, art, STEM, CTE, etc.), alternative education programs, Running Start, credit retrieval, GED assistance.
* **Extended Educational Assistance.** Examples include before school programs, after school programs, summer programs, Saturday programs, tutoring, mentoring, educational enrichment to meet state standards
* **Fines.** Examples include lost/damaged materials, uniforms, books, etc.
* **Preschool Coordination With Early Education Programs**
* **Outreach.** Examples include outreach to homeless drop out youth for reengagement, outreach to students living in hotels/motels, campgrounds, shelters, etc., coordination with community agencies and programs.
* **Parent/Family Engagement.** Parent/family engagement, parent/family trainings on the rights of homeless children and youth, coordination with community agencies and programs.

# Homeless Needs Assessment Worksheet

**LEA Name:**

| 1. **LEA INFORMATION** | | | **AMOUNT** | |
| --- | --- | --- | --- | --- |
| 1. Total LEA Title I, Part A, Allocation (will auto-populate in iGrants FP 201) | | |  | |
| 2. Title I, Part A, Homeless Set-Aside (will auto-populate in iGrants FP 201 from the  Title I, Part A Homeless Set-Aside Column—on the blue box on page 4 of this template) | | |  | |
| 3. McKinney-Vento Grant (if applicable) | | |  | |
| 4. Homeless Student Stability Grant (if applicable) | | |  | |
| 5. Date Team Completed Assessment | 6. LEA Homeless Liaison (Name, Email & Telephone Number) | 7. LEA Homeless Liaison FTE (Include Number Of Days Within School Year)  Example: .75 FTE/205 Days | | 8. Number Of Homeless Students Reported In The Previous School Year |
| 1. **HOMELESS NEEDS ASSESSMENT TEAM** | |  | | |
| 1. LEA TITLE I, Part A DIRECTOR – Include name (required to assist with needs assessment)  2. LEA HOMELESS LIAISON – Include name (required to assist with needs assessment) | | | | |
| **C. OTHER TEAM MEMBERS** (To ensure all homeless student needs are identified, school-level staff should be included in the completion of the needs assessment whenever possible.) | | | | |
| TEAM MEMBER NAME, TITLE, AND SCHOOL BUILDING | | TEAM MEMBER, NAME, TITLE, AND SCHOOL BUILDING (Cont.) | | |
| 1. **PROCESS DESCRIPTION:** Provide a brief narrative of the process used to complete the needs assessment in order to best identify the needs of homeless students in the LEA. Explain how the team has worked together to determine that the Title I, Part A Homeless set-aside will sufficiently meet the needs of all homeless students in the LEA (in Title I and non-Title I buildings.), 200 word maximum.   *The response* ***must*** *include:*       *1. The process the LEA uses to identify homeless students.*  *2. The process by which the LEA identified all needs associated with serving homeless students in the LEA.*  *3. Determined the costs associated with those needs.*  *4. Determined that the Title I, Part A Homeless set-aside is sufficient to meet the needs of homeless students.*  *5. The process LEA will use to reassess how it meets the needs of homeless students throughout the year.* | | | | |
|  | | | | |

| **E. COST AND FUNDING RESOURCES** | | | | | | |
| --- | --- | --- | --- | --- | --- | --- |
|  | | **FUNDING SOURCES AND AMOUNTS** | | | | |
| **Need** | **Total Cost** | **Community**  **Resources** | **State & Federal Homeless Education Grants** | **LEA General Fund** | **Amount from  Title I, Part A  Homeless Set-Aside** |
| **Example:** Liaison Salary (1. FTE) | $70,000 | $0 | $15,000 | $0 | $55,000 |
| **1.A. Liaison Salary** |  |  |  |  |  |
| **1.B. Professional Development** |  |  |  |  |  |
| **2. School Transportation for Homeless Students** |  |  |  |  |  |
| **3. Student Educational Needs** |  |  |  |  |  |
| **4. Enrollment/Transfer Services** |  |  |  |  |  |
| **5. Medical/Mental Health/Shelter Support** |  |  |  |  |  |
| **6. Removing Barriers to Participation, Retention and Success** |  |  |  |  |  |
| **7. Extended Educational Assistance** |  |  |  |  |  |
| **8. Fines** |  |  |  |  |  |
| **9. Coordination with Early Education Programs** |  |  |  |  |  |
| **10. Outreach** |  |  |  |  |  |
| **11. Parent/Family Engagement** |  |  |  |  |  |
| **12. Other** |  |  |  |  |  |
| **TOTAL COSTS OF SERVING HOMELESS STUDENTS IN LEA AND IDENTIFIED FUND SOURCES** |  |  |  |  |  |

**Note:** The Total from the Title I, Part A Homeless Set-Aside Column will auto-populate the Title I, Part A Homeless Set-Aside in iGrants FP 201.

| 1. **NON-NEED EXPLANATION:** If the LEA indicated a zero in any category in Part E above, indicating that the category is not an identified need OR that the need has no cost associated with meeting this need, please provide a brief explanation for that category. |
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|  |

# Detailed Template for the Homeless Needs Assessment

This is an option for the LEA to use to complete the table on page 4, which will be collected for iGrants FP 201. This is suggested, but not required.

|  | | **FUNDING SOURCES AND AMOUNTS** | | | | |
| --- | --- | --- | --- | --- | --- | --- |
| **Need** | **Total Cost** | **Community**  **Resources** | **State & Federal Homeless Education Grants** | **LEA General Fund** | **Amount from Title I Set-Aside** |
| **Example:** Liaison Salary (1. FTE) | $70,000 | $0 | $15,000 | $0 | $55,000 |
| **1.A. LIAISON SALARY** |  |  |  |  |  |
| **1.B. PROFESSIONAL DEVELOPMENT** |  |  |  |  |  |
| **2. SCHOOL TRANSPORTATION FOR HOMELESS STUDENTS** |  |  |  |  |  |
| **3. STUDENT EDUCATIONAL NEEDS (SUBTOTAL)** |  |  |  |  |  |
| 1. *Clothing* |  |  |  |  |  |
| 1. *PE Uniforms* |  |  |  |  |  |
| 1. *School Uniforms* |  |  |  |  |  |
| 1. *School Supplies (For use in school)* |  |  |  |  |  |
| 1. *School and Study Support Supplies (For use off-site at Shelters, hotel, home, etc.)* |  |  |  |  |  |
| 1. *Food (to meet need during instructional time or activities)* |  |  |  |  |  |
| **4. ENROLLMENT/TRANSFER SERVICES (SUBTOTAL)** |  |  |  |  |  |
| 1. *Records Transfer (postage, etc.)* |  |  |  |  |  |
| 1. *Birth Certificates* |  |  |  |  |  |
| 1. *Immunizations* |  |  |  |  |  |
| 1. *Other* |  |  |  |  |  |
| **5. MEDICAL/MENTAL HEALTH/SHELTER SUPPORT (SUBTOTAL)** |  |  |  |  |  |
| 1. *Medical Referrals/Services* |  |  |  |  |  |
| 1. *Dental Referrals/Services* |  |  |  |  |  |
| 1. *Mental Health/Counseling Referrals/Services* |  |  |  |  |  |
| 1. *Substance Abuse Referrals/Services* |  |  |  |  |  |
| 1. *Housing Referrals/Services* |  |  |  |  |  |
| 1. *Domestic Violence Abuse Referrals/Services* |  |  |  |  |  |

| **Need** | **Total Cost** | **Community**  **Resources** | **State & Federal Homeless Education Grants** | **LEA General Fund** | **Amount from Title I Set-Aside** |
| --- | --- | --- | --- | --- | --- |
| **6. REMOVING BARRIERS TO PARTICIPATION, RETENTION AND SUCCESS (SUBTOTAL)** |  |  |  |  |  |
| Alternative Education Programs, Running Start, Credit Retrieval, GED Assistance. |  |  |  |  |  |
| 1. *Extracurricular Fees* |  |  |  |  |  |
| 1. *Test Fees (IB/ACT/SAT, etc.)* |  |  |  |  |  |
| 1. *Co-Curricular (ASB cards, cap and gown)* |  |  |  |  |  |
| 1. *Materials and Fees for Educational Programs/Courses (i.e. fees associated with music, art, STEM, CTE, etc.)* |  |  |  |  |  |
| 1. *Alternative Education Programs* |  |  |  |  |  |
| 1. *Running Start* |  |  |  |  |  |
| 1. *Credit Retrieval* |  |  |  |  |  |
| 1. *GED Assistance* |  |  |  |  |  |
| **7. EXTENDED EDUCATIONAL ASSISTANCE (SUBTOTAL)** |  |  |  |  |  |
| 1. *Before School Programs* |  |  |  |  |  |
| 1. *After School Programs* |  |  |  |  |  |
| 1. *Summer Programs* |  |  |  |  |  |
| 1. *Saturday Programs* |  |  |  |  |  |
| 1. *Tutoring* |  |  |  |  |  |
| 1. *Mentoring* |  |  |  |  |  |
| 1. *Educational Enrichment to Meet State Standards* |  |  |  |  |  |
| **8. FINES (SUBTOTAL)** |  |  |  |  |  |
| 1. *Lost/damaged materials, uniforms, books, etc.* |  |  |  |  |  |
| 1. *Other* |  |  |  |  |  |
| **9. COORDINATION WITH EARLY EDUCATION PROGRAMS** |  |  |  |  |  |

| **Need** | **Total Cost** | **Community**  **Resources** | **State & Federal Homeless Education Grants** | **LEA General Fund** | **Amount from Title I Set-Aside** |
| --- | --- | --- | --- | --- | --- |
| **10. OUTREACH (SUBTOTAL)** |  |  |  |  |  |
| 1. *Outreach to Homeless Drop Out Youth for Reengagement* |  |  |  |  |  |
| 1. *Outreach to Students Living in Hotels/Motels, Campgrounds, Shelters, etc.* |  |  |  |  |  |
| 1. *Coordination with Community Agencies and Programs* |  |  |  |  |  |
| 1. *Other* |  |  |  |  |  |
| **11. PARENT/FAMILY ENGAGEMENT (SUBTOTAL)** |  |  |  |  |  |
| 1. *Parent/Family Engagement of Homeless Children/Youth* |  |  |  |  |  |
| 1. *Parent/Family Trainings on the Rights of Homeless Children & Youth* |  |  |  |  |  |
| 1. *Coordination with Community Agencies and Programs* |  |  |  |  |  |
| 1. *Other* |  |  |  |  |  |
| **12. OTHER** **(SUBTOTAL)** |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| **TOTAL COSTS OF SERVING HOMELESS STUDENTS IN LEA AND IDENTIFIED FUND SOURCES** |  |  |  |  |  |