

Student Residency Questionnaire

This questionnaire is intended to address the McKinney-Vento Act 42 U.S.C. 11435. The answers to this residency information help determine the services this student may be eligible to receive.

District: _____ Head Start: _____ GSRP: _____ EHS: _____

Student Name: _____ Birth date: _____

Foster Child: ___ Yes ___ No If Yes, how long has this foster child lived with you? _____

Please list all of your preschool and school-aged children currently living with you: (continue on back if more space is needed)

Name: _____ Birth date: _____ School: _____

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Information provided on this form is confidential.

What is your current living situation? *(Based on your situation, your child may be eligible for additional services)*

_____ **I own or rent my own home/apartment.** If you checked this box, **STOP HERE**, skip remainder of the form and **sign and date at the bottom.**

_____ **Sharing the housing of other persons due to:** (check one)

Loss of housing due to eviction, foreclosure, or other economic hardship (such as job loss)

Explain: _____

Long-term, cooperative living arrangement to save money or a similar reason

_____ **At a motel, hotel, campground or similar setting due to:** (check one)

Lack of alternative adequate accommodations

It being a convenient living arrangement, or waiting for apartment or house to be ready

_____ **In an emergency or transitional shelters** (domestic violence or homeless shelters or transitional housing)

_____ **In a primary nighttime residence that is a place not designed for or ordinarily used as a regular sleeping accommodation for humans**

_____ **In cars, parks, public spaces, abandoned buildings, substandard housing, bus/train stations, or similar setting**

How long do you anticipate living at this location? _____

Current Address: _____

Parent/Guardian/Unaccompanied Youth Signature

Date

----- OFFICE USE ONLY -----

_____ PowerSchool _____ Food Service _____ McK-V Coordinator _____ Building Placed