RESIDENCY QUESTIONNAIRE

Name of Student: ____________________________ ____________________________ ____________________________

Last First Middle

Gender: □ Male □ Female

Date of Birth: _____ / _____ / _____

Month Day Year

Grade: ________

(K-12)

Address: ____________________________ Phone: ____________________________

This questionnaire is intended to address the McKinney-Vento Homeless Assistant Improvement Act. Your responses to this questionnaire will help our district determine which services your child may be eligible to receive.

1. Is your current address a temporary living arrangement? _____Yes _____No

2. If so, is this temporary living arrangement due to loss of housing or economic hardship? ___Yes ___No

If you answered YES please complete the remainder of this form.
If you answered NO, please STOP HERE and SIGN the bottom of this form.

Please check what best describes where this student is currently living:

___ In a shelter
___ in a motel or hotel
___ in a transitional housing program
___ in a car, trailer or campsite
___ in a rented trailer/motor home on private property
___ awaiting foster placement
___ NONE OF THESE CHOICES APPLY

___ in a rented garage due to loss of housing
___ temporarily with an adult that is not the parent/legal guardian of child, due to loss of housing
___ in a single room occupancy building
___ temporarily in another family’s house or apartment due to loss of housing
___ other place unfit for human habitation

Print name of Parent, Guardian, or Student (for unaccompanied homeless youth)

______________________________

Signature of Parent, Guardian, or Student (for unaccompanied homeless youth)

______________________________

Date