



STUDENT RESIDENCY QUESTIONNAIRE

The information on this form is required to meet the law known as the McKinney-Vento Act 42 U.S.C. 11434a(2). The act ensures educational rights and protections for children and youth experiencing homeless or transitional housing situations. The answers you provide will help the school district determine services the student(s) and family may be eligible to receive.

If you own/rent your own home, you do not need to complete this form.

PLEASE PRINT

STUDENT INFORMATION	Last Name, First Name	Date of Birth	Grade	School (Enrolled at or enrolling to)	Receiving Special Education Services (Y or N)	English Language Learner (Y or N)	Military (Y or N)

GUARDIAN INFORMATION

Name: _____

Primary Phone Number: _____ Email: _____

Emergency Contact Name: _____ Phone Number: _____

I am the: Parent
 Legal Guardian (Legal guardianship may only be granted by a court. Documentation may need to be provided.)
 Caregiver (Examples: friend, relative, parent of friend, etc.)

Are you currently employed? Yes No If so, where? _____

CURRENT LIVING SITUATION

Which of the following best describes the student(s) current temporary living arrangement (check one):

- Staying doubled up in the home of a friend or relative** (due to economic hardship or loss of housing)
-Name/ relationship of person with whom student/ family is doubled up: _____
- Staying in an unsheltered location** (Examples: without running water/electricity, tent, car/truck/van, abandoned building, campground, park, etc.)
- Staying in a shelter** (Examples: living in a family shelter, domestic violence shelter, children/youth shelter, FEMA housing)
- Staying in transitional housing** (Housing that is available as part of a program only for a specific length of time and is partly or completely paid for by a church, nonprofit organization, governmental agency or another organization.)
- Staying in a hotel or motel** (Examples: economic hardship, eviction, family problems, living conditions, natural disaster, etc.)

Address where you are currently living: _____

How long has the student lived in this living arrangement? _____ How long do you plan to live here? _____

Are you on the lease at the current address? Yes No

Could you be asked to leave on a short notice? Yes No If yes, where would you go? _____

What are you currently paying for (mark all that apply)? Rent Food Utilities None of these



STUDENT RESIDENCY QUESTIONNAIRE - CONTINUED

CONTINUED

Address where you lived previously: _____

How long were you at this previous address? _____

Why did you leave this address? _____

Do you currently have the financial ability to rent/lease if housing were available? Yes No

Are you currently able to get your student(s) to and from school? Yes No

If not, what barriers are preventing you from transporting?: _____

CONTRIBUTING FACTORS

Factors contributing to the student(s) present living situation (check all that apply):

- Economic hardship:**
 - Loss of job or decrease in income resulting in inability to pay rent/mortgage
 - Income from part-time or low paying job does not cover cost of housing in the area
 - Seasonal employee pay does not cover housing costs
 - Inability to produce deposits for rent or utilities
 - High medical bills that leave little or no money for housing
 - Other
- Eviction/Foreclosure**
- Family problems** (Examples: Divorce, domestic violence)
- Living conditions** (Examples: lack of electricity/water/heat, no windows, overcrowding, mold, etc.)
- Natural disaster** (Examples: tornado, storm, flood, hurricane, fire, etc.)
- Pandemic**
- None of the above (briefly explain):** _____

SERVICES

If eligible, services that may be received include:

- **Free breakfast** (if school provides) **and lunch for the remainder of the year**
- **School supplies**
- **Waived educational fees**
- **Transportation to/from the school attended when family met with economic hardship** (if eligible)

Other specific resources needed: _____

I declare under penalty of perjury under the laws of this state that the information provided here is true and correct and of my own personal knowledge, and that if called upon, I would be competent to testify.

Signature of Parent/Legal Guardian/Caregiver/Designated Custodian

Date

FOR LEARNING SERVICES USE ONLY

Date Received: _____

Q DNQ

Notes: