

### Student Residency Questionnaire CONFIDENTIAL

Name of School \_\_\_\_\_ School Year: \_\_\_\_\_

Name of Student: \_\_\_\_\_

Birth Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Last First Middle  
Month / Day / Year Age: \_\_\_\_\_ Grade: \_\_\_\_\_ Sex:  Male  Female

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

- 1. Is the student's current address a temporary living arrangement? Yes \_\_\_\_\_ No \_\_\_\_\_
- 2. Is this living arrangement due to loss of housing or financial difficulties? Yes \_\_\_\_\_ No \_\_\_\_\_
- 3. Is the student unaccompanied (living in a household where no one is the parent or legal guardian.?) Yes \_\_\_\_\_ No \_\_\_\_\_
- 4. Is the student in Foster Care? Yes \_\_\_\_\_ No \_\_\_\_\_

**If you answered YES to any of the above questions, please complete the remainder of this form.  
If you answered NO, you may stop here and just sign the form at the bottom of this sheet.**

**Where is the student presently living?**

- Doubled up with more than one family or relative
- In a shelter
- In a motel
- Moving from place to place
- In a place not designed for ordinary sleeping accommodations such as a car, park, or campsite
- In housing that is inadequate or substandard.
- Awaiting foster care placement (could be temporary or emergency placement).
- In foster care with a qualified foster care family
- With a stepparent, grandparent, relative, or caretaker that is NOT a legal guardian
- With friend(s) or alone.
- Other: (Please describe.)

**Name of person living in household responsible for this student** \_\_\_\_\_

Relationship (check one):  Parent  Legal Guardian  Foster Parent  Self  
 Caretaker (includes grandparent, stepparent, relative, or other adult that is not a legal guardian)

Address \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

How long have you lived at this location? \_\_\_\_\_

Other contact information: \_\_\_\_\_

Does this student have siblings of any age? If so, please list name(s) and age(s): \_\_\_\_\_

**Foster Care Information (if applicable):** Placing Agency \_\_\_\_\_

County of Biological Parents \_\_\_\_\_ Name of Caseworker \_\_\_\_\_

*I understand that the student listed above may be eligible for services based on McKinney-Vento Act 42 U.S.C. 11435. I may be contacted by a school official for additional information. I may also contact the guidance department at my student's school or the Homeless Liaison for more information.*

Signature \_\_\_\_\_ Date \_\_\_\_\_

Office Use: If the the answer is "yes" to any of the first four questions, please fax a copy to Office of Homeless Liaison .

**Original should be maintained at the home school.**