



# Student Residency Questionnaire (for Students in Transition)

## 2018-2019

School Name: \_\_\_\_\_

The information on this form is required to meet the law known as the McKinney-Vento Act 42 U.S.C. 11434a(2), which is also known as Title X, Part C, of the Elementary and Secondary Education Act. The answers you give will help the school determine the services the student may be eligible to receive.

**If your answer is NO to questions 1 and 2 below, you do not need to complete or turn in this form.**

1. Is your current address a temporary or unstable living arrangement due to home issues, loss of housing, economic hardship or financial difficulties?  Yes  No
2. Are you an unaccompanied youth (not in physical custody of a parent or guardian and not receiving financial assistance)?  Yes  No

**If your answer is YES to any of the questions above, please complete the remainder of this form.**

**Please check only one box that best describes where the student/family is presently living:**

- In my own home or apartment, in Section 8 housing, or in military housing with parent(s), legal guardian(s), or caregiver(s) **AND:**  My home has no electricity **AND/OR**  My home has no water
- In a shelter because I do not have permanent housing (*i.e., living in a family shelter, domestic violence shelter, children/youth shelter, FEMA housing*).
- In transitional housing (*housing that is available for a specific length of time only and is partly or completely paid for by a church, a nonprofit organization, or another organization*).
- In a hotel or motel (*i.e., because of economic hardship, eviction, cannot get deposits for permanent home, flood, fire, hurricane, etc.*).
- In a tent, car, van, abandoned building, on the streets, at a campground, in the park, or other unsheltered location.
- In the home of a friend or relative because I lost my housing (*i.e., lost job, fire, flood, divorce, domestic violence, kicked out by parents, parent in military/deployed, parent(s) in jail*).
- RELATIONSHIP: \_\_\_\_\_ NAME: \_\_\_\_\_

**Factors contributing to student's/family's current living situation (check all that apply):**

- |  |   |  |   |  |
|--|---|--|---|--|
| <input type="checkbox"/> Natural Disaster ( <i>check which one applies</i> ):  | <input type="checkbox"/> Fire   | <input type="checkbox"/> Tornado, storm, flood, etc. | <input type="checkbox"/> Hurricane - Name : |  |
| <input type="checkbox"/> Home fire not due to natural causes ( <i>i.e., faulty equipment/appliances/wiring, furnace, stove, fireplace, etc.</i> )  | <input type="checkbox"/> Military: Parent/guardian deployed, injured or killed in action                    |  |   |  |
| <input type="checkbox"/> Family issues such as divorce, domestic violence, kicked out by parents, student left due to family conflict, etc.        | <input type="checkbox"/> High medical bills that leave little or no money for housing                       |  |   |  |
| <input type="checkbox"/> Home issues such as lack of electricity, water, heat, adequate home repair due to lack of funds, overcrowding, mold, etc. | <input type="checkbox"/> Incarceration of parent/guardian   |  |   |  |
| <input type="checkbox"/> Incapacitation of parent or guardian due to health, mental health, drugs/alcohol, or other factors                        | <input type="checkbox"/> Lack of affordable housing in the area   |  |   |  |
| <input type="checkbox"/> Minor student unable to afford housing on his/her own   |   |  |   |  |
| <input type="checkbox"/> Economic Hardship ( <i>check all that apply</i> ):  |   |  |   |  |
| <input type="checkbox"/> Eviction record and/or inability to produce deposits for rent or utilities  | <input type="checkbox"/> Income from part-time or low paying job does not cover cost of housing in the area |  |   |  |
| <input type="checkbox"/> Loss of mortgage, including loss of mortgage of landlord if student/students family is renting                            | <input type="checkbox"/> Loss of Job resulting in inability to pay rent or mortgage                         |  |   |  |

**Student Information:**

Name of Student:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Birth Date:	Grade:
Ethnicity ( <i>choose one</i> ): <input type="checkbox"/> Yes, Hispanic/Latino <input type="checkbox"/> No, not Hispanic/Latino	Race ( <i>choose one or more</i> ): <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian	<input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White	<input type="checkbox"/> Black or African American

**Check the box that best describes with whom the student resides.** (*Please note: legal guardianship may be granted only by a court; students living on their own or with friends or relatives who do not have legal guardianship are allowed to enroll in and attend school. The school cannot require proof of guardianship for enrollment or continued attendance.*)

- Parent(s)       Legal Guardians(s)       Caregiver(s) who are not legal guardian(s). (*Example: friends, relatives, parents of friends, etc.*)

Name of person with whom student resides:	Address:
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City:	Zip:	Home Phone #:	Cell Phone #:	Other Emerg #:
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Length of time at present address:	Length of time at previous address:	Last District attended:	Last school attended:
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Please provide the following information for pre-school and school-age siblings (brothers and/or sisters) of the student:			
NAME	GRADE LEVEL	SCHOOL	DISTRICT

Signature of Parent/Legal Guardian/Caregiver/Unaccompanied Student

Date

Presenting a false record or falsifying records is an offense under Section 37.10, Penal Code, and enrollment of the child under false documents subjects the person to liability for tuition or other costs. TEC Sec. 25.002(3)(d).

**FOR SCHOOL USE ONLY (Please complete this section fully and sign and date at the bottom before submitting to the District Office):**

<b>Student Data Entered in Infinite Campus:</b>			
<b>1. Student Number:</b>			
<b>2. Student Homeless Status:</b>			
<input type="checkbox"/> Living with Relatives	<input type="checkbox"/> Released from Penal Institution		
<input type="checkbox"/> Separated from Family	<input type="checkbox"/> Abandoned		
<input type="checkbox"/> Foster Care Pending	<input type="checkbox"/> Throwaway ( <i>kicked out of home or abandoned due to pregnancy, LGBT issues, family conflicts, parental mental health, or other issues</i> )		
<input type="checkbox"/> Runaway	<input type="checkbox"/> Unaccompanied Youth		
<b>3. Student Living Arrangements:</b>			
<input type="checkbox"/> Doubled-up	<input type="checkbox"/> In a shelter		
<input type="checkbox"/> In a hotel/motel	<input type="checkbox"/> Unsheltered ( <i>on the street, car, park, campground, abandoned building, trailer, substandard housing</i> )		
<input type="checkbox"/> Other ( <i>please describe</i> ):			
<b>4. District Program this Student is Enrolled in (check all that apply):</b>			
<input type="checkbox"/> Special Education	<input type="checkbox"/> Gifted & Talented Program	<input type="checkbox"/> English Language Learner (ELL)	<input type="checkbox"/> Alternative School
<b>5. Services Provided to Student (check all that apply):</b>			
<input type="checkbox"/> Parent Refused Services	<input type="checkbox"/> Assistance with Obtaining Birth Certificate	<b>Community Agency Referral for:</b>	
<input type="checkbox"/> Attending School of Origin	<input type="checkbox"/> Assistance with Obtaining School Records	<input type="checkbox"/> Family Issues/Support Services	<input type="checkbox"/> Emergency Clothing
<input type="checkbox"/> Transportation to School of Origin	<input type="checkbox"/> Assistance with Obtaining Immunization Records	<input type="checkbox"/> Economic Support	<input type="checkbox"/> Emergency Food
<input type="checkbox"/> School Group Counseling Referral	<input type="checkbox"/> Student School Fee Waivers ( <i>please specify</i> ):	<input type="checkbox"/> Domestic Violence Program	<input type="checkbox"/> Before/After School Care (B/G Club, Kids Club)
<input type="checkbox"/> Free Breakfast/Lunch Assistance		<input type="checkbox"/> Healthcare Referral	
<input type="checkbox"/> School Supplies Provided		<input type="checkbox"/> Immunization Referral	

**PLEASE SEND THIS COMPLETED AND SIGNED FORM TO THE ASSESSMENTS/GRANTS OFFICE. THANK YOU!**

Signature of McKinney-Vento Liaison

Date