Student Residency Questionnaire

Dear Parent/Guardian:

Your response to these questions will assist us in determining if your student would be eligible for services provided under the McKinney-Vento Act (Title X, Part C of the No Child Left Behind Act). Thank you for your cooperation.

Click or tap to enter a date.

Student Name: Click or tap here to enter text. Age: Click or tap here to enter text.
Birth Date: Click to enter Date. Grade: Choose an item.

Address: Click or tap here to enter text.

Person completing this form: Click or tap here to enter text.
Relationship to child: Click or tap here to enter text.

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**Is this a temporary living arrangement?** [ ]  Yes [ ] No

**Is your current temporary living arrangement due to loss of housing or economic hardship?**

[ ]  Yes [ ]  No

*If you selected* ***no*** *to the above two questions, please* ***STOP*** *here, you do not need to complete the remainder of this form.*

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*ALL INFORMATION IS CONFIDENTIAL*

1. Where is your student currently living?

[ ] In a hotel or motel due to lack of alternative adequate housing

 *name of hotel/motel* Click or tap here to enter text.

[ ] In an emergency or transitional shelter

 *name of shelter* Click or tap here to enter text.

[ ] In a place not designed for ordinary sleeping accommodations such as a car, park

 or campsite

[ ] Sharing housing of other persons due to loss of housing, economic hardship or

 similar reason (*doubling up due to* *necessity*, not choice)

[ ] Other places not designed for, or ordinarily used as regular sleeping accommodations for human beings – *Briefly describe your present living situation*

Click or tap here to enter text.

1. How long do you anticipate living at this location? Click or tap here to enter text.
2. Check the box that best describes with whom the student resides.

[ ] Both Mother and Father [ ]  Mother [ ]  Father

 [ ]  Legal guardian: Relationship to child Click or tap here to enter text.

 [ ] Court Placement

1. Name of person(s) family is doubling up with (if applicable) Click or tap here to enter text.

Address Click or tap here to enter text.

 Phone #s Click or tap here to enter text.

1. What is the contributing factor for the student’s current living situation: (check all that apply)

[ ] Family issues such as divorce, domestic violence, kicked out by parents, student left due to family conflict, etc.

[ ] Military: Parent/guardian deployed, injured or killed in action

[ ] Incarceration of parent/guardian

[ ] Incapacitation of parent/guardian due to health, hospitalization, mental health, drugs/alcohol, etc.

[ ] Death of parent/guardian

[ ] Home fire

[ ] Natural disaster/Acct of nature: tornado, storm, flood, etc.

[ ] Economic hardship

[ ] Loss of job/Loss of income

 [ ] Eviction

[ ] Abandonment by parent(s)

[ ] Unaccompanied youth

[ ] None of the above: Briefly explain the contributing factors for current living situation

Click or tap here to enter text.

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Click or tap here to enter text.

 Click or tap to enter a date.

Signature of Parent/Legal Guardian/Unaccompanied Student

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**≈FOR OFFICE USE ONLY≈**

PA Secure ID# \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student ID# \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does student have an IEP? □ Yes □ No

Youth who fit the McKinney-Vento definition of homeless AND is not in the physical custody of a parent or legal guardian. No age range specified. Example: young child not in physical custody of parent or legal guardian, though living with a caregiver, and living in a situation that is not fixed, regular, and adequate, would be identified as unaccompanied homeless youth.

Unaccompanied Youth □ Yes □ No

All identified students will receive free lunches for the remainder of the school year.

(as long as they continue to be identified as homeless)

Please list any services you are requesting for newly identified students

□ Transportation □ Referral: medical/dental/other health services

□ School Supplies □ Referral to other programs and services

□ Counseling □ Addressing needs related to domestic violence

□ Other: any other service you see fit. Please describe \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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School Representative Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

District Representative Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

*Please send completed form to the middle school office*