



Date of homeless verification: \_\_\_\_\_  
Staff: \_\_\_\_\_

### Student Residency Questionnaire

Your child may be eligible for educational services through the Federal McKinney-Vento Act. Eligibility can be determined by completing this entire questionnaire. Please contact your School Social Worker for assistance if you have any questions regarding questionnaire.

Residency Questions Further information may be required to determine eligibility status.	Does the student live in one of the following situations (nighttime dwelling)?	Did student(s) living arrangements change due to any of the following? (Attach documents)
<input type="checkbox"/> Residing in own home <input type="checkbox"/> Living with someone by choice, whereas housing is fixed, regular and adequate.  <b>STOP:</b> If you checked this section, you do not need to complete the remainder of this form. Please submit form to school registrar, social worker, or school.  How long have you been residing at the current address? _____ _____	<input type="checkbox"/> <b>Shelter:</b> Emergency/ Domestic Violence/ Transitional Program <input type="checkbox"/> <b>Doubled-Up:</b> shared housing due to loss of housing and economic hardship <input type="checkbox"/> <b>Unsheltered:</b> Living in an abandoned building, car, bus or train station <input type="checkbox"/> <b>Motel/ Hotel-</b> due to loss of housing or eviction <input type="checkbox"/> <b>Unaccompanied Homeless Youth</b> Student is alone or with an adult that is not a parent or legal guardian. Please complete <u>Caregiver Affidavit Form</u> . <input type="checkbox"/> <b>Migratory Youth</b> living in one of the above situations	<input type="checkbox"/> <b>Eviction/ Foreclosure</b> Date: _____ <input type="checkbox"/> <b>Fire/ Natural Disaster/Uninhabitable</b> Date: _____ <input type="checkbox"/> <b>Loss of Employment</b> Date: _____ <input type="checkbox"/> <b>Domestic Violence/ Protective Order</b> Date: _____ <input type="checkbox"/> <b>Parent is Incarcerated</b> , family was homeless prior to incarceration Date: _____ <input type="checkbox"/> <b>Abandoned</b> or asked to leave residence by parent or legal guardian Date: _____ <input type="checkbox"/> <b>Voluntarily left residence or home</b> Date: _____

*Failure to provide complete and accurate information may result in an ineligibility status for McKinney Vento Program Services.*

Parent/Guardian Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Current Address & Rm #: \_\_\_\_\_

Name of Shelter/Apartments/Hotel: \_\_\_\_\_ Main Phone: \_\_\_\_\_

Student's Name & ID	D.O.B.	Grade	Previous Enrolled School	Requesting School of Enrollment

Please check Homeless Education Services requested for enrollment below:

<input type="checkbox"/> School Nutrition/ Free Meals	<input type="checkbox"/> Transportation (outside of school zone/ district)	<input type="checkbox"/> Immunizations (school enrollment only)
<input type="checkbox"/> Dental screening (school enrollment only)	<input type="checkbox"/> Vision screening (school enrollment only)	<input type="checkbox"/> Hearing Screening (school enrollment only)
<input type="checkbox"/> School Supplies	<input type="checkbox"/> School Uniform	<input type="checkbox"/> None at this time

*School personnel: Submit a referral to your assigned school based social worker for community resources. For additional resources and services email or fax a copy of this form to Homeless Ed Liaisons at 678-676-1831.*