

Student Residency Questionnaire
CONFIDENTIAL



Name of School _____ School Year: _____

Name of Student: _____

Birth Date _____ / _____ / _____ Age: _____ Grade: _____ Sex: Male Female
Month / Day / Year

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?

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

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 answer is "yes" to any of the first four questions, please email a copy to Office of Homeless Liaison at mchevert@pcva.us.
Original should be maintained at the home school.