

Student Residency Questionnaire
CONFIDENTIAL



Name of School _____ School Year: 2018-19

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 _____

*** IMPORTANT ***

→ 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. ←
→ and turn in to your teacher please. ←

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.