[School District Letterhead]

STUDENT RESIDENCY QUESTIONNAIRE

Name of School _____

Name of Student _____
Last First Middle

Sex: ☐ Male ☐ Female D.O.B. _____ /_____ /_____ *Month Day Year* Grade: _____ *(preschool-12)* ID#: _____ *(optional)*

This questionnaire is intended to address the McKinney-Vento Act 42 U.S.C. 11435. The answers to this residency information help determine the services the student may be eligible to receive.

1. Is your current address a temporary living arrangement? _____Yes _____No
2. Is this temporary living arrangement due to loss of housing or economic hardship? _____Yes _____No

If you answered YES to the above questions, please complete the remainder of this form.
If you answered NO, you may stop here.

Where is the student currently living? (*Check <u>one</u> box.*)

- ☐ In a hotel/motel
- ☐ In a shelter
- ☐ With another family or person because of loss of housing or as a result of economic hardship (living "doubled-up")
- ☐ Moving from place to place
- ☐ In a place not designed for ordinary sleeping accomodations such as a car, park or campsite
- ☐ Other temporary living situation (Please describe): _____

Name of Parent(s)/Legal Guardian(s) _____

Address _____ Zip _____ Phone _____

Any person making a false statement regarding residency will be in violation of section 42 U.S.C..§11431 of the Pennsylvania Basic Education (BEC). Violation of this could lead to disciplinary action, including dis-enrollment.

_____	_____	_____/_____/_____
Print name of Parent, Guardian, or Student (for unaccompanied homeless youth)	**Signature of Parent, Guardian, or Student (for unaccompanied homeless youth)**	**Date**

Please send a copy to _____ at the Central Office.
Fax: _____/_____/_____

I certify the above named student qualifies for the Child Nutrition Program under the provisions of the McKinney-Vento Act/ESSA.

_____/_____/_____
_____ Date
McKinney-Vento Liaison and/or Foster Care POC Signature

McKinney-Vento Intake Form

STUDENT NAME	STUDENT NO.	GRADE	GENDER	Ethnicity:
				☐ African ☐ American Asian ☐ Caucasian ☐ Hispanic ☐ Native American ☐ Other
CURRENT SCHOOL OR LAST ATTENDED	ENROLLED IN SCHOOL? ☐ Yes ☐ No	AGE	DATE OF BIRTH	
CURRENT ADDRESS	PARENT/GUARDIAN	PHONE		

Please list siblings or other children in the home:

Name	Student No.	Grade	Age	School (if not enrolled, please indicate)

Student's living situation:

☐ Shelter
☐ Unsheltered[2]
☐ Unaccompanied Youth[3]
☐ Doubled Up[1]
☐ Motel/Hotel
☐ Transitional Housing
☐ Temporary Placement[4]
☐ Migrant
☐ Other:_____

[1] Sharing the housing of other persons due to loss of housing, economic hardship, or similar reason
[2] Living in a car, park, campsite, trailer park, bus/train station, abandoned building, abandoned hospital, or other location not ordinarily used as sleeping accommodations
[3] Unaccompanied youth not living with a parent or guardian
[4] Child temporarily placed with relative or guardian

Is your current residence a temporary living situation? Yes No
Is your living arrangement due to the loss of housing or economic hardship? Yes No

Precipitating Event:

☐ Eviction
☐ Fire
☐ Natural Disaster
☐ Abandonment
☐ Death of Parent/Guardian
☐ Domestic Violence
☐ Parent/Guardian Incarceration
☐ Parent/Guardian Hospitalized
☐
Other:_____

Date student became homeless:

Please check the following services that are needed or desired:

☐ Free breakfast/lunch
☐ Transportation
☐ Clothing/Uniform
☐ School supplies
☐ Counseling
☐ Medical/dental/vision referrals
☐ Referrals to Early Childhood Programs
☐ Coordination of Services
☐ Missing enrollment records
☐ Tutoring or other instructional support
☐ After-school programs
☐ Evaluation
☐ Special Education Services
☐ EL Services
☐ Community resources
☐ Emergency Assistance (food, shelter, etc.)
☐ Other:_____

Birth certificate
Prior academic records
Immunization/medical records
Guardianship
issues
IEP/504 Plan
Other:

Parent/Guardian/Unaccompanied Youth Signature:

Student name:_____

***I affirm that the residency information provided herein is true and accurate.**
***I have been advised of my child's rights and my rights under the McKinney-Vento Federal Homeless Assistance Act**

_____ _____
Signature Date

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Name of LEA Representative: _____ Date:_____

Title:_____

Email Address:_____

Phone Number:_____

Comments/Changes:

Transportation Request

School District Information
Homeless Liaison
Name:_____

Phone Number:_____
Email Address:_____

District of Origin
(DOO):_____

District of Residence
(DOR):_____

Transportation Information
Pick-up
Address:_____

Drop off
Address:_____

Arrival Time:_____ Departure
Time:_____

Transportation Department Only:

Vehicle Number	
Chargeback	**AM** **PM**
Start Date	
End Date	
Pick-up Time	
Drop-off Time	