

Student Residency Questionnaire

—CONFIDENTIAL—

Revision 1-2018

Date of Form Completion _____

Name of Student: _____ Birth Date: ____/____/____
Last First Middle Month - Day - Year

Age: _____ Grade: _____ Sex: Male Female School Year: _____

School (Circle) CES FCHS FES IVE WES

This questionnaire is intended to address the McKinney-Vento Act (42 U.S.C. 11431 et seq.) re-authorized in Dec. 2015 by ESSA. Answers to this residency questionnaire help determine 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 economic hardship? Yes No
3. Is the student unaccompanied (living in a household where no one is the parent or legal guardian)? Yes No



If you answered "NO" to these 3 questions, please stop and sign the form.



If you answered YES to any of the questions above, please complete the remainder of this form.

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 NOT 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. | |

The student is in need of assistance with the following: (Check any that apply.)

- | | |
|---|--|
| <input type="checkbox"/> Enrollment/Transfer – Other School _____ | Missing Documentation |
| <input type="checkbox"/> Transportation to and from school | <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Social Security Card |
| <input type="checkbox"/> School Supplies | <input type="checkbox"/> Proof of Residency <input type="checkbox"/> Immunization Record |
| <input type="checkbox"/> School Clothing | <input type="checkbox"/> School Records <input type="checkbox"/> Custodial Documentation |
| <input type="checkbox"/> School Program Participation Assistance | |

Name of person living in household responsible for this student _____

Relationship (check one): Parent Legal Guardian Self
 Foster Parent Caretaker (grandparent, stepparent, relative, or other adult)

Current Address _____ Zip _____ Phone _____

Contact Information (phone, email, etc.): _____

How long have you lived at this location? _____

If student is not residing with Parent/Legal Guardian, give parent/guardian's name, address & contact information: _____

Does this student have siblings of any age? Yes No (List name/age of each: _____)

I understand that the student listed above may be eligible for services based on McKinney-Vento Act re-authorized in Dec. 2015 by ESSA. A school official may contact me for additional information. I may also contact the guidance department at my student's school or the FCPS Homeless Liaison for more information.

Parent/Guardian/UA Youth Signature _____ Date _____

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FOR OFFICE USE ONLY:

Initial Completion:

Registrar: _____ Check SRQ for completeness Brochure/Signature
Signature/Date Caregiver's Authorization—yes/no Notify School-based Liaison

School-based Liaison: _____ BID – yes/no Notify District Liaison
Signature/Date Entered in Infinite Filed in Cumulative

District Liaison: _____ SRQ complete Sibling Check BID Approved – yes/no
Signature/Date Data Spec. Transportation Food Services

Consecutive Year: Information was checked and updated with no change in the homeless designation.

Signature _____ *Date* _____

Notes: