



McKinney-Vento Residency Survey

Dear Parent / Guardian:

All information in this form is confidential. The answers to this residency survey help to determine the services that your child may be eligible under the McKinney-Vento ACT 42 U.C.S. 11435. Please complete one form for each child and return it to the school office.

Name of School: \_\_\_\_\_

Name of Student: \_\_\_\_\_

Last First Middle

Male \_\_\_ Female \_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_ Age \_\_\_ Grade \_\_\_

Section A

- 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 to question 1, you may stop here.

Section B

Where is student presently living? (Check one box)

- [ ] In a hotel or motel [ ] Moving from place to place
[ ] In an emergency shelter [ ] With more that one family in a house or apartment
[ ] Moving from place to place
[ ] In a place not designed for ordinary sleeping accommodations (car, park, campsite)

Name of Parent(s) / Guardian(s): \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone: \_\_\_\_\_

Primary home language: \_\_\_\_\_ Total number of persons in household: \_\_\_\_\_

At this time, is your family in need of assistance in any of the following areas?

- [ ] School Records [ ] School supplies or clothing
[ ] Immunization or health records [ ] After-school programs
[ ] School Transportation [ ] Preschool/headstart programs

I declare that the information here is true and correct and of my own knowledge.

Signature of Parent/Guardian: \_\_\_\_\_

Section C - School Use Only

Please provide the following information:

Student ID Number: \_\_\_\_\_ Teacher: \_\_\_\_\_

If the parent/guardian has completed both sections, please return all copies to Homeless liaison in Academic Services.

I certify that the above named student qualifies for services under the provisions of the McKinney-Vento act.

District Homeless Liaison: \_\_\_\_\_ Date: \_\_\_\_\_