



Student Residency Questionnaire 2025 - 26

School Data Entry:

Date: _____ Print your Name: _____

Codes: Hs _____ C _____ UY _____

This survey is intended to address the requirements of the ESSA: McKinney Vento Act Title IX, Part A. The answers to the questions below will assist in determining if your child qualifies for additional educational support services. *Please respond to Section A, Section B, Section C, and fill in parent/guardian name, address, and phone.* PLEASE PRINT VERY CLEARLY, COMPLETE ONE PER SCHOOL and return the survey to your child's teacher. ¿Habla Ud. Español? Por favor llene la encuesta al otro lado de este papel.

Section A: Name of Child(ren) in this school*:

***If you have children attending another school, including pre-kindergarten, please fill out a form at that school for them.**

First Name	MI	Last Name	Grade	School
First Name	MI	Last Name	Grade	School
First Name	MI	Last Name	Grade	School

Place an "X" in the appropriate box to answer "YES" or "NO".

Section B: QUESTIONS	YES	NO	Hs CODE
1. My family or one of my school age children lives in a tent campsite (without running water and/or electric), emergency or transitional shelter.			A
2. My family temporarily lives with another family (doubled up) due to loss of housing, economic hardship, or a similar reason.			B
3. My family lives in a location not ordinarily used as a sleeping space such as a car, park, public space, abandoned building, bus station, storage facility, substandard housing or boat at anchor without facilities (running water and/or electric)			D
4. My family lives in a motel or hotel due to lack of alternate accommodations.			E
5. Are you a laborer who moves from place to place to get temporary work harvesting seasonal crops?			
Section C: If you answered "Yes" to questions 1-5, place a check next to the reason below that applies. We lost our home due to:			C CODE
1)Mortgage Foreclosure			M
2)Wildfire			W
3)Man-made Disaster (Major)			D
4)Natural Disaster (Earthquake, Flooding, Hurricane, Tropical Storm, Tornado) Circle One			E F H S T
5)Pandemic (Major)			P
6)Other - Please name (i.e. Unemployment/underemployment, forced eviction, domestic violence, lack of affordable housing/health care, mental illness, long term poverty, etc.)			N
Section D: QUESTIONS	YES	NO	Hs CODE
1. A child/youth in my home is an <u>unaccompanied youth</u> (not in the physical custody of a parent/guardian).			Y

Parent or Guardian Name (Print): _____

Street Address (Location of House): _____

Mailing Address: _____

Street City State Zip

Home phone: _____ Cell phone: _____ Work phone: _____

Parent or Guardian Signature: _____ Date: _____

Directions for school Data Entry:

For students with a **YES** response to questions 1-5, enter information into FOCUS under Homeless using the drop-down arrow and select from Homeless Student PK-12 & Homeless Cause. Also select Yes or No under the Homeless Unaccompanied Youth and Homeless Date (enter the date when the form was signed by parent/guardian or student) which serves as the Identification Date. This is **VERY Important for free lunch**. Complete school data entry date at the bottom of the page and indicate the name/entered by.

PLEASE SCAN THIS FORM INTO FILEBOUND.

Updated: 06/12/2023