



# Student Residency Questionnaire 2021-22

**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 campsite, emergency or transitional shelter.			<b>A</b>
2. My family <b>temporarily</b> lives with another family (doubled up).			<b>B</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)			<b>D</b>
4. My family lives in a motel or hotel due to lack of alternate accommodations.			<b>E</b>
5. Are you a laborer who moves from place to place to get temporary work harvesting seasonal crops?			
<b>Section C: If you answered “Yes” to questions 1-5, place a check next to the reason below that applies.</b>			<b>C CODE</b>
<b>We lost our home due to:</b>			
1)Mortgage Foreclosure			<b>M</b>
2)Wildfire			<b>W</b>
3)Man-made Disaster (Major)			<b>D</b>
4)Natural Disaster (Earthquake, Flooding, Hurricane, Tropical Storm, Tornado) <b>Circle One</b>			<b>E F H S T</b>
5)Pandemic (Major)			<b>P</b>
6)Other- <b>Please name</b> (i.e. Unemployment/underemployment, forced eviction, domestic violence, lack of affordable housing/health care, mental illness, long term poverty, etc.)			<b>N</b>
<b>Section D: QUESTIONS</b>	<b>YES</b>	<b>NO</b>	<b>Hs CODE</b>
1. A child/youth in my home is an <u>unaccompanied youth</u> (not in the physical custody of a parent/guardian).			<b>Y</b>

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: 03/16/2021