



Student Residency Questionnaire

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.			A
2. My family temporarily lives with another family (doubled up).			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.			C CODE
We lost our home due to:			
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: 7/1/2020