



Student Residency Questionnaire (Optional)
Please return this form to your child's school

Student Name: _____ Date: _____

This questionnaire is intended to address the McKinney-Vento Act 42 U.S.C. 11435. The answers to this residency information help determine the services the student may be eligible to receive.

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, you may stop here.**

Where is the student presently living? (Check one box)

- Sharing the housing of other persons due to loss of housing, economic hardship, or a Similar reason (example: evicted from home, cannot afford housing, etc.)
- In a motel, hotel, campground or similar setting due to lack of alternative adequate accommodations.
- In emergency or transitional shelters such as domestic violence or homeless shelter or transitional housing shelter or agency.
- Having a primary nighttime residence that is a place not designed for or ordinarily used as a regular sleeping accommodation for humans.
- In cars, parks, public spaces, abandoned buildings, substandard housing, bus or train stations, or similar settings.
- None of the above

3. How long do you anticipate living at this location? _____

Parent(s)/Guardian(s): _____ Date: _____

(School registrar- Present this form to the school-level counselor to complete the McKinney-Vento Worksheet.)