



*Children At Promise*  
**McKinney-Vento Homeless & Transition Education Services**  
 ~Residency Questionnaire~

**Purpose:** The purpose of this form is to address the McKinney-Vento Act 42 U.S.C 11435. The answers received will help to determine the services the student(s) may be eligible to receive.

**Section A: Residency Verification (Please answer all that apply)**

**Is the student:**  
 [A] \_\_\_ living in a shelter/transitional housing (Interface, St. Francis, Peaceful Paths, IHN, Pleasant Place, Arbor House, etc...)  
 [B] \_\_\_ living with family or friends temporarily due to loss of housing, economic hardship, or similar reason; doubled-up  
 [D] \_\_\_ living in cars, parks, campgrounds, temporary trailer parks, public or abandoned buildings, substandard housing, or  
 [E] \_\_\_ living in a hotel or motel  
 [F] \_\_\_ awaiting foster care (If yes, list Case Manager's Name & Phone #): \_\_\_\_\_  
 [N] \_\_\_ none of the above – **STOP! IF NONE APPLY, YOU DO NOT HAVE TO ANSWER THE REMAINING QUESTIONS!**

**Is the student:**

- a migrant? \_\_\_yes \_\_\_no (refers to a student whose family moves between districts to work or seek seasonal jobs)
- an unaccompanied youth? \_\_\_ yes \_\_\_ no (refers to a student who is not in the physical custody of a parent or guardian )
- relocating from another county? \_\_\_ yes \_\_\_ no If yes, list County: \_\_\_\_\_ Last School: \_\_\_\_\_
- residing in the place listed above due to a natural or manmade disaster? (If yes please select the cause by placing an "X" in the appropriate box below).
 

<input type="checkbox"/> Mortgage Foreclosure (M)	<input type="checkbox"/> Natural Disaster-Flooding(F)	<input type="checkbox"/> Natural Disaster-Hurricane(H)	<input type="checkbox"/> Natural Disaster-Tropical Storm(S)
<input type="checkbox"/> Natural Disaster-Tornado(T)	<input type="checkbox"/> Natural Disaster-Wildfire/ Fire(W)	<input type="checkbox"/> Man-made Disaster (Major) (D)	
<input type="checkbox"/> Other-i.e. lack of affordable housing, long-term poverty, unemployment or underemployment, lack of affordable healthcare, mental illness, forced eviction, etc. (O)			

**Section B: Student Information-** Print the names of all school-aged AND preschool-aged (3 & 4yrs old) children in your family

Name	Gender	School Name & Number	Grade	Is a school bus needed?	Student# <small>(office use only)</small>

\*Be sure to indicate in Section B if the students above will need transportation to/from school!\*

**Section C: Address Confirmation-(Current nighttime residence)**

**Parent/Caregiver/Unaccompanied Youth (Print):** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_ **Cell Number:** \_\_\_\_\_

**By signing below, I declare that the information above is correct and true, and I am aware that:**

- I must notify my child's school within 5 days should my residence change.
- This residency questionnaire only applies to rights under the McKinney-Vento Act and in no way nullifies behavioral proceedings or School Board policies regarding attendance or reassignment.
- Anyone who knowingly makes false statements in writing with the intent to mislead shall be guilty of a misdemeanor and is punishable as provided in Sections 775.082, 775.083; 837.06, Florida Statutes.

**Parent/Caregiver/Unaccompanied Youth Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Counselor/School Personnel Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Homeless Liaison Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Based on the information above & interview with this family, I attest to the best of my knowledge that they are eligible for benefits under the McKinney-Vento Education Act.