



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.