

Student Residency Questionnaire
CONFIDENTIAL



Name of School _____ School Year: _____

Name of Student: _____
Last First Middle

Birth Date ____/____/____ Age: _____ Grade: _____ Sex: Male Female
Month / Day / Year

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 the student's current address a temporary living arrangement? Yes No
- 2. Is this living arrangement due to loss of housing or economic hardship? Yes No
- 3. Is the student unaccompanied (living in a household where no one is the parent or legal guardian.)? Yes No
- 4. Is the student in Foster Care? Yes No

If you answered YES to any of the above questions, please complete the remainder of this form.
If you answered NO, you may stop here and just sign the form at the bottom of this sheet.

Where is the student presently living?

- Doubled up with more than one family or relative
- In a shelter
- In a motel
- Moving from place to place
- In a place not designed for ordinary sleeping accommodations such as a car, park, or campsite
- In housing that is inadequate or substandard.
- Awaiting foster care placement (could be temporary or emergency placement).
- In foster care with a qualified foster care family
- With a stepparent, grandparent, relative, or caretaker that is NOT a legal guardian
- With friend(s) or alone.
- Other: (Please describe.)

Name of person living in household responsible for this student _____

Relationship (check one): Parent Legal Guardian Foster Parent Self
 Caretaker (includes grandparent, stepparent, relative, or other adult that is not a legal guardian)

Address _____ Zip _____ Phone _____

Other contact information: _____

Does this student have siblings of any age? If so, please list name(s) and age(s): _____

Foster Care Information (if applicable): Placing Agency _____

County of Biological Parents _____ Name of Caseworker _____

I understand that the student listed above may be eligible for services based on McKinney-Vento Act 42 U.S.C. 11435. I may be contacted by a school official for additional information. I may also contact the guidance department at my student's school or the MCPS Homeless Liaison for more information.

Signature _____ Date _____

Office Use: If the the answer is "yes" to any of the first four questions, please fax a copy to Office of Homeless Liaison . (540) 394-4449

Original should be maintained at the home school.