

STUDENT RESIDENCY QUESTIONNAIRE/MCKINNEY-VENTO HOMELESS

This questionnaire is intended to address the McKinney-Vento Homeless Education Assistance Improvement Act 42 U.S.C. 11435
 Your responses will help the administrator determine residency status for enrollment of this
 Student and whether or not additional support and services may be available to the student.

****PLEASE PRINT CLEARLY****

Student Last/First Name	Age	DOB	School Enrolled	Grade	Gender	*Wiser ID	SPED
					<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> Yes <input type="checkbox"/> No

**The school Counselor/Social Worker will fill in the Wiser ID Column*

Non-School Aged Children Last/First Names	Age	DOB	Gender
			<input type="checkbox"/> Male <input type="checkbox"/> Female
			<input type="checkbox"/> Male <input type="checkbox"/> Female
			<input type="checkbox"/> Male <input type="checkbox"/> Female

The student(s) live with: 1 parent 2 parents 1 parent & another adult a relative, friend(s), or other adult(s) alone with no adults

Presently, where is the student living? **Check one box**

Section A	Section B
<input type="checkbox"/> In an Agency Shelter (emergency, family, or Way Station) <input type="checkbox"/> With more than one family in a house or an apartment due to loss of housing or economic hardship <input type="checkbox"/> In a temporary camper, campground, car or park <input type="checkbox"/> In a hotel or motel <input type="checkbox"/> In a poorly habitable environment (lack of water, heat or kitchen facilities; insect or rodent infestation or similar situation) CONTINUE: If you checked a box in Section A , complete the remainder of this form.	<input type="checkbox"/> Choices in Section A do not apply STOP: If you checked this section, you do NOT need to complete the remainder of this form. Submit to school personnel. Thank you.

What Services Are Needed For The Family

- | | |
|--|--|
| <input type="checkbox"/> Referral for Community Resources | <input type="checkbox"/> Addressing needs related to domestic violence |
| <input type="checkbox"/> Medical, Dental and Other Health Services | <input type="checkbox"/> Parent education related to rights/resources |
| <input type="checkbox"/> Mental Health Services | <input type="checkbox"/> School Transportation |
| <input type="checkbox"/> Food and Clothing | <input type="checkbox"/> Other <i>Please Specify:</i> |
| <input type="checkbox"/> School Supplies | |

Signature of Parent/Guardian: _____ Phone: _____

Address: _____

If the parent/guardian has checked Section B above, completion of this form is NOT required. For any choices in Section A, this form must be immediately routed to Sally Craig, Homeless Liaison at Westwood High School. The original form must be kept SEPARATELY from the Student Cum File for audit purposes during the year.

Signature of Counselor/Social Worker: _____ Date: _____