

Student Residency Questionnaire

Gervais School District 1

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.

***Disclaimer:** This questionnaire is intended to address the McKinney-Vento Act. Your child may be eligible for additional educational services through the Title I Part A, Title I Part C-Migrant, and/or Title X, Part C, Federal McKinney-Vento Assistance Act, 42 U.S.C. 11435. Eligibility can be determined by completing this questionnaire. If eligible, students are to be immediately enrolled in accordance with Bulletin 741, section 341.*

1. Presently, are you and/or your family in any of the following situations? Check one box.
--

- | |
|---|
| <input type="checkbox"/> Staying in shelter
<input type="checkbox"/> Sharing the housing of others due to loss of housing, economic hardship, similar reason; doubled-up.
<input type="checkbox"/> Living in a car, park, campground, public space, abandoned building, substandard housing or similar.
<input type="checkbox"/> Temporarily living in a motel or hotel due to loss of housing, economic hardship or similar reason. |
|---|

2. Unaccompanied Youth: not in the physical custody of a parent or guardian Check one box.

- | |
|--|
| <input type="checkbox"/> Student is in the physical custody of a parent or guardian
<input type="checkbox"/> Student is not in the physical custody of a parent or guardian (unaccompanied youth) |
|--|

3. Student Name						
------------------------	--	--	--	--	--	--

First	Middle	Last	M/F	D.O.B.	Grade	School Name

The undersigned certifies that according to information provided above, the students listed meet the definition of "Homeless" as stated in the McKinney-Vento Act (Subtitle B, Sect. 725) of July 1, 2002.

Print Parent/Guardian or Unaccompanied Youth Name	Signature	Date
---	-----------	------

(Area Code) Phone number	Street Address	City	State	Zip
--------------------------	----------------	------	-------	-----

School Use Only

School Liaison or Administrator: Based on the above information and a brief interview with this family, I attest that to the best of my knowledge they are eligible for benefits under the McKinney-Vento Act:

Print Liaison or School Administrator Name	Title	Signature	Date
--	-------	-----------	------