Fowler School District No. 45

STUDENT RESIDENCY QUESTIONNAIRE

This form is intended to address the requirements of the McKinney-Vento Act 42 U.S.C. 11435. The answers to the questions below assist in determining if the student meets the eligibility criteria for services provided under the McKinney-Vento Act.

School Campus: SANTA MARIA MIDDLE	**School Year:** 2020-2021	
Student Name:	**Date of Birth:**	**Grade:**
Current Address (Include City, State and Zip):	**Phone Number:**	**Cell Number:**
Last School Attended (Include City, State and Zip):	**Last Date Attended:**	**Grade Level:**
Name of person with whom student resides:		

I am the:

☐ Parent ☐ Caregiver(s) who are not legal guardian(s) (Examples: friends, relatives, parents of friends, etc.)

☐ Legal Guardian (s) ☐ Other_____

1. Is the student's home address a temporary living arrangement? ☐ Yes ☐ No
   How long has the student been at this address? _____*Months,* _____*Years*

2. Is this a temporary living arrangement due to loss of housing or economic hardship? ☐ Yes ☐ No

3. Where is this student currently living? ***(check the box that applies)***

   ☐ In my own home or apartment, in Section 8 housing, or in military housing with parent(s), legal guardian(s), or caregiver(s).

   ☐ Student is living with family or friends due to: ***(check the box that applies)***
   ☐ Convenience (long-term sharing expenses)
   ☐ Necessity – Temporary, financial crisis/loss of housing that made living together the only option
   *How long have you shared the residency at the same address with the same people?*_____
   *How many people total live in the home?*_____ *How many bedrooms?*_____ *How many bathrooms?*_____
   *Do you need to vacate this residence in the next 6 months?*_____

   ☐ In a motel/hotel
   Name/Address_____

   ☐ In a shelter
   Name/Address_____

   ☐ Unsheltered (i.e. car, parks, garage, campsite, any building without water or electricity)

   ☐ I am by myself living temporarily in _____(not in the legal custody of an adult)

   ☐ Foster Care (Other)_____

4. Please provide the following information for siblings (brothers and/or sisters) of the student:

Name	Date of Birth	School	Grade

The undersigned certifies that the information provided above is accurate.

_____ _____

Parent/Guardian/Caregiver Signature Date