

### Student Residency Questionnaire CONFIDENTIAL

Name of School \_\_\_\_\_ School Year: \_\_\_\_\_

Name of Student: \_\_\_\_\_

Birth Date \_\_\_\_\_ Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_  
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 questionnaire 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?**

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

**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 \_\_\_\_\_

How long have you lived at this location? \_\_\_\_\_

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.**