

# MCPS McKinney-Vento 2023-24 Student Residency Questionnaire

By completing this questionnaire, you help the district comply with the McKinney-Vento Act, Title X, Part C of the No Child Left Behind Act. Your answers will be confidential and help the district identify services that the student may be eligible to receive.

School:		Date:		Grade:	
Student Name:		DOB:		Age:	
Legal Guardian(s) Name:					
Address:					
	Street	City	Zip		
Phone #		Email:			

**The student(s) lives with:**

- Parent(s)/Legal Guardian(s)   
  An adult that is not the parent/ legal guardian (UHY)   
  Alone, without any adult (UHY)

**Student's Living Situation (check all that may apply):**

<input type="checkbox"/> Doubled Up: Temporarily in another family's house or apartment <b>because of loss of housing due to financial problems (e.g., loss of job, eviction, or natural disaster)</b> <input type="checkbox"/> In a shelter/transitional housing _____ (please name the shelter) <input type="checkbox"/> In a motel or hotel <b>due to economic hardship</b> <input type="checkbox"/> Unsheltered <b>due to economic hardship</b> : Sleeping in a car, trailer or campsite, or any other public space not designed for, or ordinarily used as regular sleeping accommodations <input type="checkbox"/> Substandard Housing - Housing does not meet the criteria for Fixed, Regular, and Adequate  <p style="font-size: small;">* A student is only considered an Unaccompanied Homeless Youth if they meet the definition of UHY and also meet definition of being homeless</p>	<p style="font-size: x-small; text-align: center;"><i>IF YOU CHECKED ANY OF THESE BOXES, PLEASE COMPLETE BOTH SIDES OF THIS FORM.</i></p> <p style="text-align: center;">→ → → → →</p> <div style="text-align: center; border: 1px solid black; width: 80px; height: 80px; margin: 0 auto; display: flex; align-items: center; justify-content: center;"> </div>
<input type="checkbox"/> None of the above apply - NO FURTHER INFORMATION REQUIRED AT THIS TIME. If your housing situation changes, please notify your student's school.	

**Signature of Parent/Legal Guardian/Caregiver:** \_\_\_\_\_

## MCPS McKinney-Vento 2023-24 Student Residency Questionnaire

Please list ALL children living with you between the ages of birth and 21 years old:

First	Middle	Last	Age	Birthdate	Grade	School

**Last school attended** (if outside Missoula County Public School):

School: \_\_\_\_\_ District: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_

<b>Transportation Requested:</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Bussing Information</b> (for FRC/FIT use):		

**Your District/School Homeless Liaison can provide referrals and assistance in the following areas.** Please check areas of need:

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> School enrollment              | <input type="checkbox"/> School clothing          | <input type="checkbox"/> School supplies/Backpack |
| <input type="checkbox"/> Early kindergarten information | <input type="checkbox"/> Hygiene supplies         | <input type="checkbox"/> Other:                   |
| <input type="checkbox"/> Free Breakfast/Lunch Program   | <input type="checkbox"/> Food pantry/Empower Pack | <input type="checkbox"/> Other:                   |
| <input type="checkbox"/> Medical/Dental/Health          | <input type="checkbox"/> Counseling               | <input type="checkbox"/> Other:                   |

**Person completing this form:**

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Parent/Guardian | <input type="checkbox"/> Adult w/no legal guardianship | <input type="checkbox"/> School Personnel (Date/Method): _____ |
| <input type="checkbox"/> Student         | <input type="checkbox"/> Other _____                   |  |

<b>FIT/FRC Coordinator:</b>		<b>Date:</b>	
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**For School Use Only:**

- Is the student eligible:     Yes                                   No  
 This student is UHY:        Yes     No

**MCPS Homeless Liaison:**

**Date:**