

Families in Transition (FIT) Student Residency Questionnaire

Name of Student: _____ Date of Birth _____ Grade _____ Date _____

Other School Age Siblings

Name of Student: _____ Date of Birth _____ Grade _____ School _____

Name of Student: _____ Date of Birth _____ Grade _____ School _____

Name of Student: _____ Date of Birth _____ Grade _____ School _____

ARE THERE NON-SCHOOL AGED SIBLINGS ALSO LIVING IN THE HOUSE Yes No

If yes please indicate their name and age below.

Name: _____ Date of Birth _____

Name: _____ Date of Birth _____

Name: _____ Date of Birth _____

Name of Parent, Guardian, Unaccompanied Youth, or educational decision maker:

Name: _____ Signature: _____

Address: _____

Cell Phone: _____ Email: _____

If a child, youth or unaccompanied youth is NOT living in permanent housing, proof of residency and other documents (health, school records, etc.) normally needed for enrollment are NOT required. The child, youth or unaccompanied youth must be enrolled immediately (within 24 hours) in his or her school of origin, the school where other children attend that is in the area where the student is currently living (neighborhood school), or another school that the student may attend that is based on a best interest determination. For more information regarding parent and student rights under the federal McKinney Vento Act, please see your student handbook.

Please answer these questions about your student's residency. The information provided is confidential and protected by the Federal Education Rights and Privacy Act. We use this information to make sure the rights of the child, youth or unaccompanied youth are met as required by the McKinney Vento Homeless Assistance Act.

1. Is the student's address a temporary living arrangement? Yes No
2. Is the student's living arrangements due to loss of housing or financial hardship? Yes No

IF THE ANSWER TO ANY OF THE ABOVE IS YES, PLEASE COMPLETE THE FOLLOWING:

Where is the student identified above currently living? (Please check one):

In a shelter: YWCA; Rapid Rehousing; Family Promise; Other _____

NOTE- Section 8 does not apply

Doubled-up: sharing the housing of others due to economic hardship; couch-surfing; friendship care/kinship care (please indicate if student(s) is/are living with an adult who is NOT a parent or legal guardian and are UHY)

Unsheltered: sleeping in a car, campground, park or public space due to economic hardship, or in a public or private place not meant to use used as a regular place for people to sleep.

Living in a motel/hotel due to economic hardship.

Other _____

Do any of the below reasons apply to your current housing arrangement (check all that apply):

Unable to pay rent or mortgage; mortgage foreclosure due to economic hardship

Unable to pay for electricity, heat and/or running water due to economic hardship

Other reasons (natural disaster, extreme conflict, unsafe, unhealthy or unsupportive living conditions).

PLEASE CONTINUE ON BACK SIDE OF FORM

Last school the student attended:

School: _____ District: _____

City, state, or zipcode: _____

Has the student(s) attended more than one school in the past 24 months due to economic hardship? Yes No

If YES, how many schools as the student(s) attended? 2 schools 3 or 4 schools 5 or more schools

My student(s) received additional supports in: Title I Reading Math Special Education

Services requested (NOTE: These services may only apply if you qualify under the McKinney Vento Assistance Act)

- School Enrollment Tuition Waiver Transportation Academic Support
- Family Advocacy (referrals and support for housing, medical, dental and mental health, child development, social services, etc.)

I understand that by marking checkboxes on prior page and above that MCPS and Missoula housing support services may share information regarding our current housing situation to determine eligibility for and placement with services to help ensure my child’s academic success. In addition, I understand that information about my child may be shared within his/her school with staff members who share interest in my child’s academic success (e.g., counselors, case manager, teacher, etc.).

Signature _____

Person completing form:

- Parent or Legal Guardian Unaccompanied youth (a youth that does not live their parent or legal guardian)
- Youth Other: _____

Name: _____

Email: _____ Phone: _____

ONCE COMPLETED, PLEASE RETURN THIS FORM TO YOUR SCHOOL SECRETARY OR MAIL TO DISTRICT LIAISON (SEE ADDRESS BELOW)

OFFICE USE ONLY

NAME OF FRC/FIT COORDINATOR	DATE	SIGNATURE OF DISTRICT FIT LIAISON	DATE
ELIGIBLE (Circle one) YES NO	Date completed: F/R	IC Q	XLS

FRC/FIT COORDINATOR COMMENTS (Use space below):

Please notify the student’s school immediately at any time the student’s housing status changes.

For more information, please contact
 Colleen McGuire, MCPS Families in Transition Liaison and Foster Care Liaison
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 406-728-2400 x 1080