

# 2020-2021 Families in Transition (FIT) Student Residency Questionnaire

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Name of Student: \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_ Date \_\_\_\_\_  
(mm/dd/yyyy)

Person completing form:

- Parent or Guardian  Unaccompanied youth (a youth that does not live with a parent or legal guardian)  
 Youth  Other: \_\_\_\_\_

Name: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

**Please answer these questions about your student's residency. The information provided is confidential and protected by the law called 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 an emergency shelter/home or transitional housing facility (YWCA; Rapid Rehousing, etc. NOTE- Section 8 does not apply)  
 Sharing the housing of others due to economic hardship.  
 Unsheltered (sleeping in a car, campground, park or public space) due to economic hardship.  
 Living in a motel/hotel due to economic hardship.  
 In kinship/friendship care (student(s) is/are living with an adult who is NOT a parent or legal guardian).  
 Moving from place to place (couch surfing).  
 In a public or private place not meant to use used as a regular place for people to sleep.  
 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).

**ARE THERE SIBLINGS ALSO LIVING IN THE HOUSE**  Yes  No

If yes please indicate their name and age below.

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

**PLEASE CONTINUE ON BACK SIDE OF FORM**

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  3-4 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

Last school the student attended:

School: \_\_\_\_\_ District: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_

Name of Parent, Guardian or educational decision maker:

Name: \_\_\_\_\_ Signature: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**OR**

Student (if an unaccompanied youth)

Name: \_\_\_\_\_ Signature: \_\_\_\_\_  
Address: \_\_\_\_\_  
Email: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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 or 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.

**ONCE COMPLETED, PLEASE RETURN THIS FORM TO YOUR SCHOOL SECRETARY OR MAIL TO COLLEEN LEHMAN (SEE ADDRESS BELOW)**

**OFFICE USE ONLY**

|   |          |                                   |           |
|---|----------|-----------------------------------|-----------|
| Print name of FRC/FIT Coordinator                                 | Date     | Signature of District FIT Liaison | Date      |
| Eligible <input type="checkbox"/> Yes <input type="checkbox"/> No |          |                                   |           |
| F/R _____   | IC _____ | Q _____                           | XLS _____ |

FRC/FIT Coordinator Comments: \_\_\_\_\_

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

For more information, please contact  
Colleen Lehman, MCPS Families in Transition Liaison  
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406-728-2400 x 1080