

# MCPS McKinney-Vento 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.

## Student Information

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_  
 School: \_\_\_\_\_ Grade: \_\_\_\_\_  
 Legal Guardian(s) Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)  
 Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### The student lives with:

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

### Student's Living Situation (check all that apply)

- Doubled Up: Temporarily in another family's house or apartment because of loss of housing due to financial issues (e.g., loss of job, eviction, or natural disaster)
- In a shelter/transitional housing \_\_\_\_\_ (please name the shelter)
- In a motel or hotel due to economic hardship
- Unsheltered due to economic hardship: sleeping in a car, trailer or campsite, or any other public space not designed for, or ordinarily used as regular sleeping accommodations
- Substandard Housing - Housing does not meet the criteria for Fixed, Regular, and Adequate
- None of the above apply - **NO FURTHER INFORMATION REQUIRED AT THIS TIME. PLEASE SIGN BELOW.** *If your housing situation changes, please notify your student's school.*

\*A student is only considered an Unaccompanied Homeless Youth if they meet the definition of UHY and also meet the definition of being homeless.

.....**IF YOU CHECKED ANY OF THE TOP 5 BOXES, PLEASE COMPLETE THE FOLLOWING.**.....

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

| First | Middle | Last | Age | DOB | Grade | School |
|-------|--------|------|-----|-----|-------|--------|
|       |        |      |     |     |       |        |
|       |        |      |     |     |       |        |
|       |        |      |     |     |       |        |
|       |        |      |     |     |       |        |
|       |        |      |     |     |       |        |
|       |        |      |     |     |       |        |

### Last school attended (if outside of Missoula County Public School District #1):

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

### Transportation Requested

- Yes     No

Bus Information (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 literacy 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:

- Parent/Guardian     Adult w/no legal guardianship     School Personnel (Date/Method): \_\_\_\_\_  
 Student     Other: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### For School Use Only:

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

MCPS Homeless Liaison: \_\_\_\_\_

Date: \_\_\_\_\_