

Student Residency Questionnaire [Sample]

Answers to this residency questionnaire help determine the services the student may be eligible to receive. This form is adapted from what Texas has found useful to identify students in homeless situations as required by the McKinney-Vento Homeless Assistance Improvements Act, 42 U.S.C.11435. Please update this form to reflect the needs and specific information necessary pertaining to your district.

Name of School: _____

Name of Student: _____ Sex: Male
Last First Middle Female

Birth Date: ____/____/____ Age: _____ Social Security #: _____
Month/ Day/ Year (or student identification number)

1. Is your current address a temporary living arrangement? Yes _____ No _____

2. Is this temporary living arrangement due to loss of housing or economic hardship?
Yes _____ No _____

**If you answered YES to the above questions, please complete the remainder of this form.
If you answered NO, you may stop here.**

Where is the student presently living? (Check one box.)

In a motel

In a shelter

With more than one family in a house or apartment

Moving from place to place

In a place not designed for ordinary sleeping accommodations such as a car, park, or campsite

Name of Parent(s)/Legal Guardians(s): _____

Address: _____ Zip: _____ Phone: _____

Presenting a false record or falsifying records is an offense under Section 37.10, penal code, and enrollment of the child under false documents subjects the person to liability for tuition or other costs. TEC Sec. 25.002(3)(d).

I certify the above named student qualifies for the Child Nutrition Program under the provisions of the McKinney-Vento Act.

McKinney-Vento Homeless Liaison Signature: _____ **Date:** _____

Signature of Parent/Legal Guardian: _____ **Date:** _____

Please send a copy to _____ at the District Office.

Fax: xxx-xxx-xxxx
