



A. Student Information				
Student Name	M/F	DOB	Grade	SCHOOL

B. Parent/Guardian Information				
Name of Parent/Guardian: _____				
Current Street Address: _____		City: _____		State: _____ Zip: _____
Home Phone: _____		Cell Phone: _____		Email Address: _____

C. Program Eligibility			
Definitions (Please check all that apply)		Yes	Code
1. Family/Student in Transition: A family or student who lacks a fixed, regular and adequate night time residence due to circumstances of natural disaster or family hardship. This student is homeless but does not meet the definition of unaccompanied youth			N
2. Unaccompanied Youth in Transition: A child or youth not in the physical custody of a parent or guardian who also lacks a fixed, regular and adequate night-time residence due to circumstances of natural disasters or personal hardships			Y
3. Migrant: Have you or your family moved within the last three years with the intent to find work in agriculture or fishing?			
4. Not Applicable: This student does not meet the definition of a homeless youth (or student for homeless services).			Z
Note: If you checked Not Applicable (#4 above), you do not have to complete the remaining portion of this form. Please sign at the bottom of the page and return to your child's teacher. If you checked #1, #2 or #3 above, please complete the remaining portion of this form, sign and return to your child's teacher.			

D. Residential Status			
If you, your child, or a child in your care has experienced any of the following descriptions during this school year, please enter a check mark in the "YES" column for each that applies.			
Statement		Yes	Code
1. Living in an emergency or transitional shelter or FEMA trailer.			A
2. Sharing the housing of other persons (Grandparent, aunt, uncle, cousin, step parent, etc.) due to loss of housing, economic hardship or a similar reason.			B
3. Living in a car, park, temporary trailer park or campground, public space, abandoned building, substandard housing, bus or train station, public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings or similar setting due to lack of adequate alternative accommodations.			D
4. Living in a hotel or motel.			E

E. Cause of Temporary Residence							
Statement		Cause	Code	Statement		Cause	Code
Man-made Disaster (Major)			D	Natural Disaster - Earthquake			E
Natural Disaster - Flooding			F	Natural Disaster - Hurricane			H
Mortgage Foreclosure – Loses own home due to foreclosure			M	Other homelessness causes (includes lack of affordable housing, long-term poverty, an employment or underemployment, lack of affordable health care, mental illness, domestic violence, forced eviction, etc.)			N
Pandemic (Major)			P	Tropical Storm			S
Tornado			T	Unknown			U
Natural Disaster - Wildfire or Fire by Lightning			W	No, student is not homeless and has not been homeless this school year			Z

F. Only Unaccompanied Homeless Youth Must Complete This Section	
<input type="checkbox"/> Student is living with an adult that is not a parent or legal guardian Caregiver Name: _____ Relationship to Student: _____ Phone: _____	<input type="checkbox"/> Student is living alone without an adult How long has student been living alone? _____

 Signature of Parent/Guardian/Caregiver (or) Unaccompanied Homeless Youth

 Date

The answers to this residency questionnaire help in determining eligibility of services that may be received through the Federal McKinney-Vento Homeless Assistance Act 42 U.S.C. 11435. For questions regarding this form, please call the Family and Community Engagement Office at 850-627-9651 x 1252.