

2021-2022 Families in Transition (FIT) Student Residency Questionnaire

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.