



*Children at Promise*  
**McKinney-Vento Homeless Education Services**  
 ~Residency Questionnaire~

**Purpose:** The purpose of this form is to address the McKinney-Vento Act 42 U.S.C 11435.  
 The answers received will help to determine the services the student(s) may be eligible to receive.

**Section A: Residency Verification (Please answer all that apply)**

**Is the student:**

1. a migrant? \_\_\_\_yes \_\_\_\_no (*refers to a student whose family moves between districts to work or seek seasonal jobs*)
2. an unaccompanied youth? \_\_\_\_ yes \_\_\_\_ no (*refers to a student who is not in the physical custody of a parent or guardian*)
3. relocating from another county? \_\_\_\_ yes \_\_\_\_ no If yes, list County: \_\_\_\_\_ Last School: \_\_\_\_\_
4. relocating due to a natural or manmade disaster? \_\_\_\_yes \_\_\_\_ no (Ex. hurricane, flooding, wildfire, tornado, foreclosure, or unemployment)

**Is the student:**

[A] \_\_\_\_ in a shelter/transitional housing (Interface, St. Francis, Peaceful Paths, IHN, Pleasant Place, Arbor House, etc...)

[B] \_\_\_\_ with family or friends temporarily due to loss of housing, economic hardship, or similar reason; doubled-up

[D] \_\_\_\_ living in cars, parks, campgrounds, temporary trailer parks, public or abandoned buildings, substandard housing, or

[E] \_\_\_\_ living in a hotel or motel

[F] \_\_\_\_ awaiting foster care (If yes, list Case Manager's Name & Phone #): \_\_\_\_\_

[N] \_\_\_\_ none of the above **-STOP! IF NONE APPLY, YOU DO NOT HAVE TO ANSWER THE REMAINING QUESTIONS!**

**Section B: Student Information-** Print the names of all school-aged AND preschool-aged (3 & 4yrs old) children.

Name	Gender	School Name & Number	Grade	School Bus? (Y/N)	Student # <small>(office use only)</small>

**Section C: Address Confirmation-(Current nighttime residence)**

**Parent/Caregiver/Unaccompanied Youth (Print):** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_ **Cell Number:** \_\_\_\_\_

**\*Be sure to indicate in Section B if the students above will need transportation to/from school!\***

**By signing below, I declare that the information above is correct and true, and I am aware that:**

1. I must notify my child's school within 5 days should my residence change.
2. This residency questionnaire only applies to rights under the McKinney-Vento Act and in no way nullifies behavioral proceedings or School Board policy regarding attendance or reassignment.
3. Anyone who knowingly makes false statements in writing with the intent to mislead shall be guilty of a misdemeanor and is punishable as provided in Sections 775.082, 775.083; 837.06, Florida Statutes.

**Parent/Caregiver/Unaccompanied Youth Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Homeless Liaison Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Based on the information above & interview with this family, I attest to the best of my knowledge that they are eligible for benefits under the McKinney-Vento Education Act.