Student Residency Questionnaire

**The information on this form is required to meet The Education for Homeless Children and Youth (EHCY) program, authorized under Title VII-B of the McKinney-Vento Homeless Assistance Act (42 U.S.C. 11431 et seq.), also known as the McKinney-Vento Act.**

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. Texas Education Code Sec. 25.002(3)(d).

All of the questions below refer to the student that is enrolling.

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| **Today’s Date *(MM/DD/YYYY)*:** | | | | | | | | | |  | | | | |
| **School:** | |  | | | | | | | | | | | | |
| **Last Name:** | | |  | | | | | | | | | | | |
| **First Name:** | | | |  | | | | | | | | | | |
| **Middle Name:** | | | | |  | | | | | | | | | |
| **Student Identification (ID) Number (NOT the Social Security #):** | | | | | | | | | | | | | |  |
| **Birth Date *(MM/DD/YYYY)*:** | | | | | | | | |  | | | | | |
| **Grade:** |  | | | | | | | | | | | | | |
| **Last School Attended:** | | | | | | |  | | | | | | | |
| **Last District Attended:** | | | | | | | |  | | | | | | |
| **Address where the student sleeps at night**  ***(Street Address, Apartment #, City, Zip)*:** | | | | | | | | | | | |  | | |
| **How long has the student been at this address?** | | | | | | | | | | | | |  | |
| **Main Phone Number:** | | | | | |  | | | | | | | | |
| **Other Phone Number:** | | | | | | |  | | | | | | | |
| **Other Phone Number for Emergencies:** | | | | | | | | | | |  | | | |

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| --- | --- | --- |
| “X” all boxes below that best describe where the student sleeps at night, leave those blank that do not apply: | | |
|  | **In a home that the student’s parent or legal guardian owns or rents** (C189=0) |
|  | **In a place that does not have windows, doors, running water, heat, electricity, or is overcrowded** (C189=3) |
|  | **Staying with a friend or relative because of loss of housing, economic hardship, or a similar reason** (C189=2)  (*Examples: eviction, foreclosure, fire, flood, lost job, divorce, domestic violence, kicked out by parents, ran away from home)* |
|  | **In a shelter** (C189=5)  (*Examples: living in a family shelter, domestic violence shelter, children/youth shelter, FEMA housing*) |
|  | **In an unsheltered location, such as:**  **• a tent**  **• a car or truck**  **• a van**  **• an abandoned building**  **• on the streets**  **• at a campground**  **• in the park**  **• in a bus or train station**  **• other similar place**  (C189=3) |
|  | **In a hotel or motel because of loss of housing or economic hardship** (C189=4)  (*Examples: eviction, foreclosure, cannot get deposits for permanent home, flood, fire, hurricane*) |
|  | **In a transitional housing program** (C189=5)  (*Housing that is available as part of a program for a specific length of time only and is partly or completely paid for by a church, a nonprofit organization, governmental agency, or another organization)* |
|  | **The student lives here because of a natural disaster. “X” the type of disaster below and provide the requested information:**  **\_\_\_Hurricane--Name of hurricane:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **\_\_\_Flood**  **–––Tornado**  **\_\_\_Wildfire**  **\_\_\_Other—Please describe:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Date the natural disaster took place:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Where the natural disaster took place, including county:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
|  | **The student does not sleep in any of the places described above. Tell below where the student does sleep:** |

Provide the following information for school-age siblings (brothers and/or sisters) of the student:

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| --- | --- | --- | --- | --- | --- | --- |
| **Last Name** | **First Name** | **Brother or Sister** | **Stay at the same place (X)** | **Grade** | **School** | **District** |
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List all other school-aged children that stay in the same place

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| --- | --- | --- | --- | --- |
| **Last Name** | **First Name** | **Grade** | **School** | **District** |
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**Signature of Person Providing Information Date**

**Parent/Legal Guardian/Caregiver/Unaccompanied Student**

*For School Use Only*

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

**McKinney-Vento Liaison Signature**