STUDENT NIGHTTIME RESIDENCY QUESTIONNAIRE
This questionnaire is in compliance with the McKinney-Vento Act, U.S.C. 42 § 11431 et seq. Your answers will help determine if the student meets eligibility requirements for services under the McKinney-Vento Act.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Date |  |  | Student ID# |       |
| Student |  |  | Parent/Guardian |       |
| School |  |  | Grade |       |
| DOB |  |  | Age |       |
| Special Education  | [ ]  No [ ]  Yes |  | Designation |       |
| Address |       |  | City/State/Zip |       |
|  |  |  |  |  |
| Student(s) lives with | [ ]  One parent [ ]  One parent & another adult [ ]  An adult that is not the parent/guardian [ ]  Two parents [ ]  A relative [ ]  Alone with no adults [ ]  Other |
| **Student’s Living Situation (check all that may apply)**  |
| Please choose which of the following situations the student currently resides in (you can choose more than one) |
| 1. [ ]  | In a shelter  |       | name of shelter |
| 2. [ ]  | In a motel or hotel |       | name of motel or hotel |
| 3. [ ]  | In a transitional housing program\* |       | name of program |
|  | \*(temporary housing set up for transition to permanent housing) |
| 4. [ ]  | In a car, trailer or campsite, **temporarily, due to inadequate housing** |       |
| 5. [ ]  | In a rented trailer/motor home on private property |       |
| 6. [ ]  | In a single room occupancy (SRO) building-multiple tenant building consisting of individual rooms with shared restrooms and/or kitchens |       |
| 7. [ ]  | In a rented garage **due to loss of housing** |       |
| 8. [ ]  | In another family’s house or apartment, temporarily, due to loss of housing, stemming from financial problems (e.g. loss of job, eviction, or natural disaster) |       |
| 9. [ ]  | With an adult that is not the parent/legal guardian, temporarily due to loss of housing |
| 10. [ ]  | Awaiting foster placement |       |
| 11. [ ]  | Other places not designed for, or ordinarily used as a regular sleeping accommodation for human beings (please explain)  |
|  |  |       |
| 12. [ ]  | Living alone, without any adult (unaccompanied youth)  |
| 13. [ ]  | **None of the above applies-NO FURTHER INFORMATION REQUIRED AT THIS TIME.** If your housing situation changes, please notify your child’s school.  |
|  |  |  |
| **Please list ALL *siblings between the ages of birth and 22 years old.***  |
|  |  |  |
| **NAME** |  | **DOB** |  | **GRADE** |  | **SCHOOL** |
|       |  |       |  |       |  |       |
|       |  |       |  |       |  |       |
|       |  |       |  |       |  |       |
|       |  |       |  |       |  |       |
|  |  |  |  |  |  |  |
| **\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*AFFIDAVIT \*\*\*\*\*\*\*\*\*\*\*\*\*\*\*** |
| By signing this form, I declare under penalty of the laws in the State of California that the foregoing is true and correct. In addition, I understand that the District reserves the right to verify the above listed residence information |
|  |  |  |
| **Signature of Parent/Legal Guardian/Caregiver** |  |  | **Date** |