

MCKINNEY VENTO STUDENT RESIDENCY QUESTIONNAIRE

The information on this form is required to meet eligibility for The Education for Homeless Children and Youth (EHCY) program, as 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.

I understand that the DeKalb County School District Superintendent or designee may verify the facts contained in this affidavit on a case-by-case basis for annual eligibility of services after the student has enrolled in a public school within the DeKalb County School District.

All of the questions below refer to the student that is requesting enrollment.

Today's Date (MM/DD/YYYY):			
School Requesting Enrollment:			
Student Last Name:	Student First Name:	Student Middle Name:	
DeKalb Student Identification (ID) Number:			
Birth Date (MM/DD/YYYY):	Grade Level:		
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?			
Parent/Legal Guardian Name:			
Main Phone Number:	Alternate Phone Number/Email:		
Phone Number for Emergencies:			

"X" all boxes below that best describe where the student sleeps at night. Leave blank that do not apply:

	In a home the student's parent, legal guardian, or caregiver owns or rents
	In a home that does not have windows, doors, running water, heat, or electricity
	Staying with a friend or relative because of loss of housing, economic hardship, or unemployment <i>(Examples: eviction, foreclosure, fire, flood, lost job, kicked out by parents, ran away from home)</i>
	In a Shelter <i>(Examples: living in a family shelter, domestic violence shelter, children/youth shelter, FEMA housing)</i>
	In an unsheltered location, such as: <ul style="list-style-type: none"> • a tent • a car or truck • an abandoned building • at a campground • in the park • in a bus or train station
	In a Hotel or Motel because of loss of housing or economic hardship <i>(Examples: eviction, foreclosure, cannot get deposits for permanent home, flood, fire, hurricane)</i>
	In a Transitional Housing Program <i>(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)</i>
	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

	<p style="text-align: center;">___Tornado</p> <p style="text-align: center;">___Wildfire</p> <p>Date the natural disaster took place: _____</p> <p>State/ County of the natural disaster: _____</p>
	<p>Unaccompanied Homeless Youth: Student is alone or with an adult that is not a parent or legal guardian and is doubled up, unsheltered, or in a shelter/ transition housing. Complete Caregiver Affidavit Form</p>

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

Last Name	First Name	Brother or Sister	Resides at the same place (Yes / No)	Grade	Current School Attending	School District / County

Signature of Person Providing Information
Parent/Legal Guardian/Caregiver/Unaccompanied Student

Date

STAFF USE ONLY: I certify the above student(s) are _____ Eligible _____ Does Not Meet Eligibility for the DCSD Homeless Education Program under the provisions of the McKinney-Vento Act.

Please "X" all boxes below for Homeless Education Services requested for eligible homeless students:

<input type="checkbox"/>	School Nutrition/Meals	<input type="checkbox"/>	Transportation	<input type="checkbox"/>	Immunizations
<input type="checkbox"/>	Dental Screening	<input type="checkbox"/>	Vision Screening	<input type="checkbox"/>	Hearing Screening
<input type="checkbox"/>	School Supplies	<input type="checkbox"/>	School Uniform	<input type="checkbox"/>	None at this time

McKinney-Vento Education Liaison /School Social Worker Signature

Date Certified