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**  (*Examples: eviction, foreclosure, fire, flood, lost job, kicked out by parents, ran away from home)* |
|  | **In a Shelter** (*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**  **• 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** (*Examples: eviction, foreclosure, cannot get deposits for permanent home, flood, fire, hurricane*) |
|  | **In a Transitional Housing Program** (*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**  **Date the natural disaster took place: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **State/ County of the natural disaster: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
|  | **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** |

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** |
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Signature of Person Providing Information Date

Parent/Legal Guardian/Caregiver/Unaccompanied Student

***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:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | School Nutrition/Meals |  | Transportation |  | Immunizations |
|  | Dental Screening |  | Vision Screening |  | Hearing Screening |
|  | School Supplies |  | School Uniform |  | None at this time |

**McKinney-Vento Education Liaison /School Social Worker Signature Date Certified**