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.

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 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. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Please list ALL *siblings between the ages of birth and 22 years old.*** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **NAME** | | | | | | | | |  | **DOB** | | | | |  | | **GRADE** | | | | |  | **SCHOOL** | | | | | | | | | |
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| **\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Signature of Parent/Legal Guardian/Caregiver** | | | | | | | | | | | | | | | | | | | | | | |  |  | | | **Date** | | | | | |