

Brockway Area School District

STUDENT RESIDENCY QUESTIONNAIRE

Name of School _____

Name of Student _____

Last

First

Middle

Sex: Male D.O.B. ____ / ____ / ____ Grade: _____ ID#: _____
 Female Month Day Year (preschool-12) (optional)

This questionnaire is intended to address the McKinney-Vento Act 42 U.S.C. 11435. The answers to this residency information help determine the services the student may be eligible to receive.

1. Is your current address a temporary living arrangement? ____ Yes ____ No
2. Is this temporary living arrangement due to loss of housing or economic hardship? ____ Yes ____ No

**If you answered YES to the above questions, please complete the remainder of this form.
If you answered NO, you may stop here.**

Where is the student currently living? (Check one box.)

- In a hotel/motel
- In a shelter
- With another family or person because of loss of housing or as a result of economic hardship (living "doubled-up")
- Moving from place to place
- In a place not designed for ordinary sleeping accommodations such as a car, park or campsite
- Other temporary living situation (Please describe): _____

Name of Parent(s)/Legal Guardian(s) _____

Address _____ Zip _____ Phone _____

Any person making a false statement regarding residency will be in violation of section 42 U.S.C. §11431 of the Pennsylvania Basic Education (BEC). Violation of this could lead to disciplinary action, including dis-enrollment.

Print name of Parent, Guardian, or
Student (for unaccompanied homeless youth)

Signature of Parent, Guardian, or
Student (for unaccompanied homeless youth)

Date

Please send a copy to _____ at the Central Office.

Fax: _____

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

Date

McKinney-Vento Liaison and/or Foster Care POC Signature

McKinney-Vento Intake Form

STUDENT NAME	STUDENT NO.	GRADE	GENDER	Ethnicity: <input type="checkbox"/> African <input type="checkbox"/> American Asian <input type="checkbox"/> Caucasian <input type="checkbox"/> Hispanic <input type="checkbox"/> Native American <input type="checkbox"/> Other
CURRENT SCHOOL OR LAST ATTENDED	ENROLLED IN SCHOOL? <input type="checkbox"/> Yes <input type="checkbox"/> No	AGE	DATE OF BIRTH	
CURRENT ADDRESS	PARENT/GUARDIAN	PHONE		

Please list siblings or other children in the home:

Name	Student No.	Grade	Age	School (if not enrolled, please indicate)

Student's living situation:

<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Shelter Unsheltered ² Unaccompanied Youth ³	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Doubled Up ¹ Motel/Hotel Transitional Housing	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Temporary Placement ⁴ Migrant Other: _____
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- ¹ Sharing the housing of other persons due to loss of housing, economic hardship, or similar reason
² Living in a car, park, campsite, trailer park, bus/train station, abandoned building, abandoned hospital, or other location not ordinarily used as sleeping accommodations
³ Unaccompanied youth not living with a parent or guardian
⁴ Child temporarily placed with relative or guardian

Is your current residence a temporary living situation? Yes No
 Is your living arrangement due to the loss of housing or economic hardship? Yes No

Precipitating Event:

- | | | |
|---|---|--|
| <input type="checkbox"/> Eviction | <input type="checkbox"/> Abandonment | <input type="checkbox"/> Parent/Guardian Incarceration |
| <input type="checkbox"/> Fire | <input type="checkbox"/> Death of Parent/Guardian | <input type="checkbox"/> Parent/Guardian Hospitalized |
| <input type="checkbox"/> Natural Disaster | <input type="checkbox"/> Domestic Violence | <input type="checkbox"/> |
- Other: _____

Date student became homeless:

Please check the following services that are needed or desired:

- | | |
|--|---|
| <input type="checkbox"/> Free breakfast/lunch | <input type="checkbox"/> Tutoring or other instructional support |
| <input type="checkbox"/> Transportation | <input type="checkbox"/> After-school programs |
| <input type="checkbox"/> Clothing/Uniform | <input type="checkbox"/> Evaluation |
| <input type="checkbox"/> School Supplies | <input type="checkbox"/> Special Education Services |
| <input type="checkbox"/> Counseling | <input type="checkbox"/> EL Services |
| <input type="checkbox"/> Medical/dental/vision referrals | <input type="checkbox"/> Community resources |
| <input type="checkbox"/> Referrals to Early Childhood Programs | <input type="checkbox"/> Emergency Assistance (food, shelter, etc.) |
| <input type="checkbox"/> Coordination of Services | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Missing enrollment records | |
- Birth certificate Prior academic
 records Immunization/medical records Guardianship
 issues IEP/504 Plan Other:

Parent/Guardian/Unaccompanied Youth Signature:

Student name: _____

***I affirm that the residency information provided herein is true and accurate.**

***I have been advised of my child's rights and my rights under the McKinney-Vento Federal Homeless Assistance Act**

Signature

Date

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Name of LEA Representative: _____ **Date:** _____

Title: _____

Email Address: _____

Phone Number: _____

Comments/Changes:

Transportation Request

School District Information

Homeless Liaison

Name: _____

Phone Number: _____

Email Address: _____

District of Origin

(DOO): _____

District of Residence

(DOR): _____

Transportation Information

Pick-up

Address: _____

Drop off

Address: _____

Arrival Time: _____ Departure

Time: _____

Transportation Department Only:

Vehicle Number	
Chargeback	AM PM
Start Date	
End Date	
Pick-up Time	
Drop-off Time	