District Liaison _____

Residency Information Sheet

Student's Name: _____ DOB: _____ Grade: _____

Parent/Guardian Name(s):_____

Phone number(s):_____

Current Address:_____

Is the student's legal parent/guardian name(s) on the deed, mortgage or lease? ◯ Yes ◯ No

Move In Date? _____ How long do they plan to live at the residence? _____

Previous Address: _____

How long did the family/student reside at the previous address? _____

Reason for leaving? _____

Last School Attended: _____City: _____ State: _____

Siblings of student's name(s):	School and Grade (if applicable):
_____	_____
_____	_____
_____	_____

Please answer ALL of the following questions:

- Is this student's home address a temporary living arrangement? ◯ Yes ◯ No
- Is this a temporary living arrangement due to loss of housing or economic hardship? ◯ Yes ◯ No
- Is this student in temporary or emergency foster care placement? ◯ Yes ◯ No
- Is this student not living with a parent or legal guardian? ◯ Yes ◯ No

1. **Where is the student currently living? (check box)**

☐ With more than one family in a house or apartment

☐ Temporary/emergency foster home

☐ In a motel/hotel – Name of motel/hotel:_____

☐ In a shelter – Name of shelter: _____

☐ Transitional Housing – Name of transitional housing: _____

☐ Group Home – Name of group home: _____

☐ Moving from place to place or a location not designed for sleeping accommodations (i.e. car, park, or campsite)

2. Please check off all types of transportation accessible to the family.

☐ Car ☐ Bus ☐ Train ☐ Other _____

3. **With whom does the student currently live? (check box and/or circle where necessary):**

☐ Both parents ☐ One parent – ☐ Mother ☐ Father

A relative – specify which (i.e. grandmother)_____

Friends or other adults – please identify _____

An adult who is not a parent or legal guardian – please identify _____

The student is an unaccompanied youth

4. **Who has legal custody of the student?** _____

5. **Describe the current living situation in detail (i.e. What circumstances lead them to the current residence?):**

☐ Change to financial circumstances ☐ Natural disaster

☐ Fire ☐ Structural concerns ☐ Concern for safety

Other: _____

6. **Any possibility and/ or evidence of violence or abuse in the home?** ◯ **Yes** ◯ **No**
And, if so, describe and include the school's actions and any other agencies involved:

7. **In the student's previous school, did he/she receive any of the following? (check all that apply)**

☐ Special Education (IEP) Describe:_____

☐ 504 Accommodation Plan Describe: _____

☐ English As a Second Language (ESL) ☐ Help for behavior improvement

☐ Tutoring ☐ Gifted/Talented ☐ Counseling ☐ Other _____

☐ My child did not receive any of these services

8. **At this time, what is the greatest need for the student? (check all that apply)**

☐ School supplies

☐ Clothing: Size(s): _____

☐ Help for academic improvement

☐ Grief and loss support

☐ Help for behavior improvement

☐ Referral for food assistance

☐ Medical referral/Immunizations

☐ Mental health/Counseling referral

☐ Education

☐ Other _____

9. **The parent/guardian can read and understand English.** ◯ **Yes** ◯ **No**

If not, please indicate the language for correspondence _____

My signature below affirms the following: (1) the information I have provided on this form is true and accurate to the best of my knowledge or belief; (2) the same information, as well as other information that may identify my child(ren), may be shared without my consent with community and governmental agencies pursuant to an interagency collaboration between this school district and (3) the same information, as well as other information that may identify my child(ren), may be shared without my consent with other district staff members for a legitimate educational purpose. (4) My signature affirms that I have received a copy of my rights under the McKinney-Vento law and I agree to allow the district staff to conduct screenings as a part of the district's McKinney-Vento program. (5) I also understand that I must notify the district of any changes as soon as they occur.

Parent/Guardian Signature: _____ Date: _____
(or Unaccompanied Youth)

Below to be completed by the district's McKinney-Vento Liaison

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Student _____ DOB _____ Age _____ Grade _____ IEP: ◯ Yes ◯ No

Student is presently: ◯ Doubled Up ◯ In a motel/hotel ◯ In a shelter ◯ Known to DCP&P

Present location _____ As of _____

Last permanent place of residency _____ As of _____

District of responsibility (D.O.R.) _____

Statement: _____

◯ Distributed McKinney-Vento Rights and additional information to parent/guardian

ELIGIBLE UNDER MCKINNEY-VENTO: ◯ **YES** ◯ **NO** _____

NOTIFICATION SENT TO: ☐ School ☐ B.A. ☐ CST ☐ Cafeteria ☐ D.O.R. date _____

McKinney-Vento District Liaison Signature: _____ Date: _____