

CITY SCHOOL DISTRICT OF NEW ROCHELLE
515 North Avenue
New Rochelle, NY 10801



QUESTIONNAIRE: STUDENT/FAMILY DOMICILE

SCHOOL YEAR: _____

Your child may be eligible for additional educational services through Title I, Part A; Title I, Part C – Migrant, and/or Federal McKinney-Vento Assistance. Eligibility can be determined by completing this questionnaire:

Presently, are you and/or your family in any of the following situations?

- | | |
|---|---|
| <input type="checkbox"/> In a shelter | <input type="checkbox"/> In a rented garage due to loss of housing |
| <input type="checkbox"/> In a motel or hotel | <input type="checkbox"/> Temporarily with an adult that is not the parent/legal guardian of the child, due to loss of housing |
| <input type="checkbox"/> In a transitional housing program | <input type="checkbox"/> In a single room occupancy building |
| <input type="checkbox"/> In a car, trailer, or campsite | <input type="checkbox"/> Temporarily in another family's house or apartment due to loss of housing |
| <input type="checkbox"/> In a rented trailer/motor home on private property | <input type="checkbox"/> Another place unfit for human habitation |
| <input type="checkbox"/> Awaiting foster placement | <input type="checkbox"/> None of the above |

Is this temporary living arrangement due to: _____ Loss of housing ☐ or economic hardship? ☐

Date family moved into temporary housing: _____

Address before moving into temporary housing: _____

| Student's Name | | Male | Female | Date of Birth | Grade | School Name |
|----------------|------|--------------------------|--------------------------|---------------|-------|-------------|
| First | Last | | | | | |
| | | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| | | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| | | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| | | <input type="checkbox"/> | <input type="checkbox"/> | | | |

The undersigned certifies that the information provided above is accurate:

Print Parent/Custodian/Guardian Name

Parent/Custodian/Guardian Signature

Address: _____
Street - Apt. # City State/zip-code

Email address: _____

Cellphone number: _____ Date: _____

SCHOOL USE ONLY

Note to school personnel: If any box above is checked, other than "none of the above," please refer the family to District Liaison and fax this form to Pupil Personnel Services, Ms. Millicent Lee, at (914) 576-4295.

District McKinney-Vento Liaison: Base on the above information, I certify that the above-named student/family is eligible for benefits under the McKinney-Vento Act.

McKinney-Vento Liaison name and Signature: _____ Date: _____