



2020-21 Student Residency Questionnaire

This form is to be included in the student enrollment packets to help identify the students that may be eligible for services under the McKinney-Vento Homeless Assistance Act, 42 U.S.C. 11435.

Name of student: _____ Birth Date: _____

School: _____ Grade: _____ State Student ID# _____

McKinney-Vento defines homeless children and youth who lack a fixed, regular, and adequate nighttime residence. This definition also includes:

- Children and youths who are sharing the housing of other persons due to loss of housing, economic hardship, or a similar reason
- Children and youths who may be living in motels, hotels, trailer parks, shelters
- Children and youths who have a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings
- Children and youths who are living in cars, parks, public spaces, abandoned buildings, substandard housing, bus or train stations, or similar settings, or
- Migratory children who qualify as homeless because they are children who are living in similar circumstances listed above

Please complete the following and sign and date:

The student lives with:	Where is the student living? <i>Check one box:</i>
<input type="checkbox"/> Parent(s) or legal guardian <input type="checkbox"/> Both parents <input type="checkbox"/> Mother only <input type="checkbox"/> Father only <input type="checkbox"/> A relative, friend, or other adult <input type="checkbox"/> Unaccompanied Youth (not in the physical custody of a parent/guardian) <input type="checkbox"/> Other: _____	<input type="checkbox"/> In a single family residence (house, apartment, condo, mobile home) <input type="checkbox"/> In a shelter <input type="checkbox"/> Doubled-up-with more than one family in a house or apartment (due to economic hardship) <input type="checkbox"/> In a hotel, motel, car\ trailer or campsite <input type="checkbox"/> In a group home <input type="checkbox"/> In a foster home

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

Address: _____ City: _____ Zip: _____

Signature of Parent/Legal Guardian: _____ **Date:** _____

For further information, please contact David Castellano at (805) 488-3588

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OFFICE STAFF- Please return the completed form to: Student Support Services 205 N. Ventura Road, Port Hueneme, CA 93041