



TEMPORARY RESIDENCE STATEMENT

*This form helps determine eligibility under the federal McKinney-Vento Act. **Only 1 form per FAMILY needed.***

Name of Student(s): _____

Name of Parent/Guardian/Caretaker (write NA if unavailable): _____

1. **The student(s) temporarily stay(s) in one of the following situations:**

- Emergency shelter or transitional housing program
- Motel/hotel
- Shares housing (doubled up or "couch surfing") with family or friends **due to loss of housing, economic hardship or similar reasons** such as family conflict, unhealthy living conditions, unsafe situations, abuse or neglect, parental incarceration or death.
- Substandard housing, campground; public or private place not designed for or ordinarily used as regular sleeping accommodation for humans, including cars, parks, public spaces, abandoned buildings, and bus or train stations; or abandoned in a hospital.
- Temporary foster care placement (generally any placement less than 6 months)
- Another situation that is not fixed, regular or adequate: _____

2. **The reason for this living situation is (CHOOSE ONE):**

- Unemployment Evicted Inadequate income Fire/Natural disaster
- Kicked out Family conflict Unsafe conditions Other: _____

3. **Since this date:** _____, I have lived in/stayed at this **temporary** address:

STREET

CITY

STATE

ZIP CODE

4. **Please READ and initial each paragraph below and sign:**

I declare that the information provided here is true and correct and of my own personal knowledge. I understand that falsifying residency information for the purposes of school enrollment is against Michigan law. Falsifying enrollment information is an offense subject to prosecution. _____

The Education Project staff respects a client's right to privacy. To ensure the best services possible and compliance with federal law and state grant data reporting requirements, I give permission to the Education Project staff to release and exchange information with school staff (i.e. the McKinney-Vento liaison, pupil accounting, school transportation staff, school social workers, counselors, etc.) as needed about the students listed above. I also give permission to the Education Project staff to release and exchange information with community agencies that are assisting the student(s) or are being asked to assist the student(s). This consent is voluntary and subject to revocation at any time. _____

I have received a copy of the student's rights under the McKinney Vento Act, an explanation of those rights and had my questions answered _____

Signature: _____ Date: _____

Relationship to Student(s): _____