

SCEC RESIDENCY INFORMATION and Data FORM

This questionnaire is in compliance with the McKinney-Vento Act, U.S.C. 42 § 11431 et seq. Your answers will help determine if the student meets eligibility requirements for services under the McKinney-Vento Act.

Student _____ Parent/Guardian _____
School _____ Contact Telephone #(s) _____
Age _____ Grade _____ D.O.B. _____ Additional # _____
Address _____ City _____
Zip Code _____ Is this address Temporary or Permanent? (circle one): Yes No
High Ability Level (circle response): Yes No 504 Services (circle response): Yes No

Please choose which of the following situations the student currently resides in (you can choose more than one):

- _____ Sheltered: Living in emergency, domestic violence or transitional/temporary shelter = **2**
- _____ Living in campsite, trailer park, car, public park/spaces, bus/train station, abandoned building = **3**
- _____ Hotels/Motels = **4**

If you are living in shared housing = **1** (Doubled-up), please check all of the following reasons that apply:

- _____ Loss of housing
- _____ Economic situation
- _____ Temporarily waiting for house or apartment
- _____ Provide care for a family member
- _____ Living with boyfriend/girlfriend
- _____ Loss of employment
- _____ Parent/Guardian is deployed
- _____ Other (Please explain)

Student under the age of 18 and living apart from your parents or guardians (Unaccompanied)? Yes or No

Residency and Educational Rights

Students without fixed, regular, and adequate living situations have the following rights:

- 1) Immediate enrollment in the school they last attended or the local school where they are currently staying even if they do not have all of the documents normally required at the time of enrollment without fear of being separated or treated differently due to their housing situations;
- 2) Transportation to the school of origin for the regular school day;
- 3) Access to free meals, Title I and other educational programs, and transportation to extra-curricular activities to the same extent that it is offered to other students.

Any questions about these rights can be directed to the local McKinney-Vento Liaison at [Insert phone number] or the State Coordinator at [Insert phone number].

By signing below, I acknowledge that I have received and understand the above rights.

Signature of Parent/Guardian/Unattached Youth *Date*

Signature of McKinney-Vento Liaison *Date*

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Student Name _____ School _____

Referral(s) made for follow-up services (check below):

- Shelter/Housing Assistance
- Food Assistance
- Clothing Assistance
- Medical Assistance
- Mental Health Assistance
- Employment Assistance
- Transportation
- Other: _____