

# Mount Pleasant Central School District

District Office  
825 Westlake Drive  
Thornwood, NY 10594  
Telephone: (914) 769-5500

Dr. Peter Giarrizzo  
Superintendent of Schools

## RESIDENCY QUESTIONNAIRE

Name of Student: \_\_\_\_\_  
Last First Middle

Gender: Male Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_  
Female Month Day Year (K-12)

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

This questionnaire is intended to address the McKinney-Vento Homeless Assistant Improvement Act. Your responses to this questionnaire will help our district determine which services your child may be eligible to receive.

1. Is your current address a temporary living arrangement? \_\_\_\_\_ Yes \_\_\_\_\_ No
2. If so, is this temporary living arrangement due to loss of housing or economic hardship? \_\_\_\_\_ Yes \_\_\_\_\_ No

If you answered **YES** please complete the remainder of this form.

If you answered **NO**, please **STOP HERE and SIGN** the bottom of this form.

Please check what best describes where this student is currently living:

- |   |  |
|---|--|
| <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 <u>not</u> the parent/legal guardian of 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"/> awaiting foster placement   |
| <input type="checkbox"/> awaiting foster placement                          | <input type="checkbox"/> other place unfit for human habitation  |
| <input type="checkbox"/> NONE OF THESE CHOICES APPLY                        |  |

\_\_\_\_\_  
**Print name** of Parent, Guardian, or Student (for unaccompanied homeless youth)

\_\_\_\_\_  
**Signature** of Parent, Guardian, or Student (for unaccompanied homeless youth)

\_\_\_\_\_  
Date