

PANAMA-BUENA VISTA UNION SCHOOL DISTRICT



STUDENT RESIDENCY QUESTIONNAIRE (SRQ)

The goal of the PBVUSD Homeless Education Program is to effectively serve students and families in transition, providing advocacy and referral services that foster a sense of empowerment and stability. To determine if your child is eligible for services, please complete the Student Residency Questionnaire and return it to the office at your child's school. For additional information, please contact the Homeless Education Liaison at 661.397-2200 ext. 6440.

Date: \_\_\_/\_\_\_/\_\_\_ School: \_\_\_\_\_ Student ID# \_\_\_\_\_

Student First Name: \_\_\_\_\_ M.I.: \_\_\_ Last Name: \_\_\_\_\_ D.O.B.: \_\_\_/\_\_\_/\_\_\_

Grade: \_\_\_\_\_ Special Ed:  no //  yes Designation: \_\_\_\_\_

Address: \_\_\_\_\_ Apt/Sp #: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Most recent school attended (any district): \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Contact Number: \_\_\_\_\_

I. THE STUDENT(S) LIVES WITH:

- 1 parent                       1 parent & another adult                       an adult that is not the parent or legal guardian  
 2 parents                       a relative                       alone with no adults

II. STUDENT'S LIVING SITUATION (Check all that may apply):

<input type="checkbox"/> In a shelter _____ (name of shelter)	If you checked any of these boxes, please complete both sides of this form  
<input type="checkbox"/> In a motel or hotel _____ (name of motel/hotel)	
<input type="checkbox"/> In a transitional housing program _____ (name of program)	
<input type="checkbox"/> In a car, trailer or campsite, temporarily due to inadequate housing	
<input type="checkbox"/> In a rented trailer/motor home on private property	
<input type="checkbox"/> In a SRO (Single Room Occupancy) building – a multiple tenant building consisting of individual rooms with shared restrooms and/or kitchens (not an apartment building or a one bedroom).	
<input type="checkbox"/> In a rented garage due to loss of housing	
<input type="checkbox"/> Temporarily in another family's house or apartment due to loss of housing, due to financial problems (e.g. loss of job, eviction, or natural disaster)	
<input type="checkbox"/> Temporarily with an adult that is not the parent/legal guardian due to loss of housing	
<input type="checkbox"/> Awaiting foster placement	
<input type="checkbox"/> Other places not designed for, or ordinarily used as a regular sleeping accommodation for human beings (explain) _____	
<input type="checkbox"/> Living alone, without any adult (unaccompanied youth)	

None of the above apply – NO FURTHER INFORMATION REQUIRED AT THIS TIME. If your housing situation changes, please notify your child's school.

-----AFFIDAVIT-----

By signing this form, I declare under penalty of the laws in the State of California that the foregoing is true and correct. In addition, I understand the District reserves the right to verify the above listed residence information.

Signature of Parent/Legal Guardian/Caregiver: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

PANAMA-BUENA VISTA UNION SCHOOL DISTRICT

Student Name \_\_\_\_\_ School \_\_\_\_\_ Student ID# \_\_\_\_\_

III. Please list all siblings between the ages of birth and 22 years old. Complete a separate SRQ for each child. (Print)

Name	Birthdate	Age	Grade	School

The McKinney-Vento Homeless Assistance Act, part of No Child Left Behind, entitles all homeless school-aged children access to the same free, appropriate public education that is provided to non-homeless youth. Schools are required to remove barriers to the enrollment, attendance, and success of homeless students in school.

IV. The Homeless Education Program may be able to provide assistance in the following areas. Please check areas of need, if any:

<input type="checkbox"/> School Supplies	<input type="checkbox"/> Backpacks	<input type="checkbox"/> Hygiene Kits
<input type="checkbox"/> Early Childhood Education/Pre-school Programs	<input type="checkbox"/> Assistance for a Homeless Teen Parent	<input type="checkbox"/> Educational Advocacy
<input type="checkbox"/> Transportation Assistance	<input type="checkbox"/> Other: (list)	

V. IF YOU ARE REQUESTING TRANSPORTATION ASSISTANCE, PLEASE SIGN THE AFFIDAVIT OF NEED BELOW.

I, _____, need assistance from the District as I have no alternate means to deliver my child to school. I agree to have my child attend school every day and on time. I also agree to notify the District if our situation changes or we no longer require this assistance. I understand my child must meet the eligibility criteria for transportation assistance and I must comply with sign-in and supervision requirements.
Parent/Guardian's Signature: _____ Date: _____

School Personnel:

The Student Residency Questionnaire (SRQ) must be kept in a confidential file which is separate from the Permanent Student Record. For any choices checked in Section II, except "none of the above apply," please IMMEDIATELY send this form (both sides) to the District Homeless Liaison.

**TO BE COMPLETED BY THE DISTRICT HOMELESS LIAISON**

Date and method contact was made (by family and/or Homeless Liaison): \_\_\_\_/\_\_\_\_/\_\_\_\_

Telephone                       In person                       Other: \_\_\_\_\_

The Homeless Liaison provided referrals/assistance in the following areas: Please check areas of need, if any

<input type="checkbox"/> School	<input type="checkbox"/> School Clothing/Uniforms	<input type="checkbox"/> Free Breakfast/Lunch Program
<input type="checkbox"/> Tutoring	<input type="checkbox"/> Counseling	<input type="checkbox"/> Medical/Dental/Health
<input type="checkbox"/> Academic Evaluation	<input type="checkbox"/> Food Pantries	<input type="checkbox"/> Other: _____

Please check here if the school site provided the parent/guardian with the requested referrals.

Student has current SRQ on file.                       YES                       NO - SRQ required to process request.

Student is living within his/her school's residence boundaries.                       NO                       YES\*

\*(If yes, stop here - student does not qualify for transportation assistance).

Student is eligible for transportation.                       YES                       NO

Transportation Request Processed By \_\_\_\_\_ Date \_\_\_\_\_

If transportation is denied, a denial letter will be sent to the School-Site Homeless Liaison. Parent/guardian can appeal.

CONFIDENTIAL