



McKinney-Vento Student Residency Questionnaire

TUSCALOOSA CITY SCHOOLS - SCHOOL YEAR: 2023-2024

(Complete ONLY one form per family)

Homeless Liaison: Dr. Ingrid Edwards

Contact Information: 205.342-2179

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Are you or your spouse a veteran? yes no

List ALL School-Aged Children

(List oldest to youngest child)

Student	First Name/Last Name	Birth date	Special Ed.	School Enrolled	Grade	Gender
1.			<input type="checkbox"/> yes <input type="checkbox"/> no			<input type="checkbox"/> M <input type="checkbox"/> F
2.			<input type="checkbox"/> yes <input type="checkbox"/> no			<input type="checkbox"/> M <input type="checkbox"/> F
3.			<input type="checkbox"/> yes <input type="checkbox"/> no			<input type="checkbox"/> M <input type="checkbox"/> F
4.			<input type="checkbox"/> yes <input type="checkbox"/> no			<input type="checkbox"/> M <input type="checkbox"/> F
5.			<input type="checkbox"/> yes <input type="checkbox"/> no			<input type="checkbox"/> M <input type="checkbox"/> F
6.			<input type="checkbox"/> yes <input type="checkbox"/> no			<input type="checkbox"/> M <input type="checkbox"/> F
Non-School Aged Children		Birthdate	Early Childhood	School Enrolled	Gender	Age
					<input type="checkbox"/> M <input type="checkbox"/> F	
					<input type="checkbox"/> M <input type="checkbox"/> F	

Last School Attended: (List school(s) in the same order as student(s) above.)

1.	2.	3.
4.	5.	6.

Student lives With:	Last Name	First Name	Address (city, state, zip)	Home Phone	Work Phone
<input type="checkbox"/> Father					
<input type="checkbox"/> Mother					
<input type="checkbox"/> Guardian					
<input type="checkbox"/> Relative					
<input type="checkbox"/> Other (Specify)					

Parent Signature: _____ Date: _____ Phone: _____

TO BE COMPLETED BY STAFF: What services are needed by the family?

Please Explain what is specifically needed from each category (if more space is needed use the back of this page)

Family/Student Living Situation:

- Doubled up
- In a motel/hotel
- In a shelter/transitional living program
- Unsheltered (example: cars, parks etc)
- Campground site
- Awaiting Foster Care placement
- Runaway child or youth
- Unaccompanied Youth

Areas the district will provide family assistance:

- Referral for Community Resources
- Medical, Dental and other Health Services
 - Mental Health Services
 - Food and Clothing
 - Housing and Support
 - GED assistance for parent
 - Addressing needs related to domestic violence
 - Parent education related to rights/resources
 - Other, Specify: _____

Areas of Educational and Related Services Needed

- Transportation
- Free Lunch
- Immunization needed
- Birth Certificate needed
- School Supplies
- Help with enrollment
- Tutoring or other instructional services
- Counseling
- Activity Fees
- Special Education
- Gifted and Talented Programs
- ESL Services
- School Health Records
- Special Security/Safety Services
- Truancy Issues
- Other Specify: _____

Referred by: _____ School: _____ Date: _____

To be completed by Homeless Liaison

Covered by MV NOT covered by MV Dispute Resolution Date: _____ Signature: _____