Lind-Ritzville Cooperative Schools M-V Student Residency Form

(The following information is confidential and will be used only to assist in providing the student with services he/she may qualify for) This form is intended to address requirements of the McKinney-Vento Act, Title X, Part C of the No Child Left Behind Act. The questions below are to assist in determining whether the student falls within the definition of homelessness. ☐ My/Our living arrangement is not temporary. I consider it to be fixed, stable, and adequate. (If you have checked this box you may disregard the remainder of this document) I. Is your living arrangement due to the loss of housing or economic hardship? \Box Yes \Box No II. According to the reauthorized McKinney-Vento Law, any school-age youth that lives... Please, check the box best describing your living situation. Office use ☐ With someone other than a legal parent or guardian or alone without an adult; (24)☐ Family is doubled up with friends or relatives as you cannot afford, or find affordable, housing; (B) ☐ In temporary, emergency or transitional housing or shelter; (A) ☐ In a motel or hotel: (D) ☐ In a campground or travel trailer; (C)☐ In a vehicle, utility trailer, abandoned building, or place not designed for human accommodations; (C)☐ Awaiting foster care placement; or (B) ☐ In conditions you feel are inadequate in providing basic needs such as lack of heat, electricity, (C) running water, overcrowded... III. If you identify with a living situation in section II., please check any of the following needs you may have: ☑ Free school lunch – if you checked any of the above living situations, the student will automatically receive free meals at school, once confirmed by the District liaison that you qualify under the McKinney-Vento Act. ☐ School Supplies ☐ Academic assistance ☐ School/gym clothes and shoes ☐ Vocational/Technical options/opportunities ☐ Hygiene products and/or showers at school ☐ Gifted/talented programs ☐ Medical insurance ☐ Counseling ☐ Linked w/ local agencies (DSHS, Rural Resources, Pend Oreille Crime Victims Services) ☐ Entrance into Head Start, Early Head Start, Developmental Preschool, or ECEAP program for a child in your care *Please fill out the Student Needs Form to provide detail of the needs you have indicated... Student Name: ____ Grade: ____ Date: ____ Age Grade/School Siblings living in the same situation: Name Parent/Guardian or person you are staying with: Address you are receiving mail at: Address you are staying: ______ How long: _____ Phone/Message Phone/Email you can be reached at: _____

Our Homeless Liaison is Annie Trunkel Smart. She can be reached at 509-659-1720 or atrunklesmart@lrschools.org