



# ADAMS COUNTY SCHOOLS MCKINNEY-VENTO CONSORTIA

## RESIDENCY SURVEY QUESTIONNAIRE

Your child(ren) may be eligible for additional education and/or support services through Title I Part A, Title I, Part C - Migrant, and/or Title X, Part C, Federal McKinney-Vento assistance Act. Please complete this form so that we can determine your child(ren)'s eligibility for any of these services.

1. Where are you and your family currently living?

### Section A

Rent/Own my own home/apartment

*Stop: If you rent/own your own home/apartment, skip to question 3 and 4 and return to school personnel.*

### Section B

**Please indicate any of the following circumstances that your child(ren)/student(s) may be facing related to housing:**

- Currently does not have fixed, regular, or adequate nighttime residence
- Temporary living with another family or friend because:
  - cannot find affordable housing
  - recently loss of housing
  - economic hardships
  - other similar reasons: \_\_\_\_\_
- Temporarily living in a hotel or motel
- Currently staying at an emergency shelter
- Currently living in substandard housing (does not meet health and safety codes)
- Currently living in a vehicle, trailer park, or campground without running water or electricity
- Currently living in a public or private place not designed for/or ordinarily used as regular sleeping accommodations
- Displaced due to a natural disaster (flood, hurricane, tornado, fire, etc.)
- Other: \_\_\_\_\_

Since \_\_\_\_\_, I/we have not had permanent housing

2. Have you moved in the past three years to seek work as a paid laborer in any type of farming (sod, dairy, chicken, vegetable, citrus, etc.) Or fishing?

Yes     No

**CONTINUE: to questions 3-4 on backside of the page**

3. Please provide the information below for each of your children enrolled/enrolling in an Adams County School.

Student's name First, Last	M/F	DOB	Grade	School Name

4. The undersigned certifies that the information provided above is accurate

\_\_\_\_\_  
Printed Name of parent/Guardian/ Adult Caring for  
Student/Unaccompanied Youth

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Current Address

*Please contact your school if your living situation changes:*



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For Liaison Only: Approved  Denied  M-V Liaison Signature \_\_\_\_\_ Date \_\_\_\_\_