MSD Wayne Township McKinney-Vento Residency Form

Please Print Clearly

Please indicate one of the following statements if your family is experiencing temporary homelessness:

☐ *Living in a shelter, including transitional housing shelters. Please provide name of shelter and address:*

_____

☐ *Living on the streets, abandoned buildings, in cars, trailers, campgrounds, public places, and housing not fit for habitation—Please provide information regarding area in which student is living:*

_____

☐ *Living in hotels/motels for lack of other suitable housing - Please list name and address of hotel/motel:*

_____

☐ *Doubled-up; temporarily living with family or friends due to lack of adequate housing or financial conditions.*

Please provide address of where student is living:

o *Address:* _____

Please answer the following if you indicated one of the four situations above:

How long do you expect to be at this address?_____ Are you seeking permanent housing? _____

Date student moved to this address: _____

Is a parent living in the home with the student? _____

If no, with whom is the student living? _____ Relationship:_____

Parent/Guardian Phone Number: _____

We have read the information provided & indicated our living circumstances above specific to the McKinney-Vento Act:

_____ _____

Parent/Guardian/Unaccompanied Youth Signature Date

Name of Student	School Name	Date of Birth	Grade Level	Gender	Race
1.					
2.					
3.					
4.					

Office Use Only:__

- Does Qualify under McKinney-Vento Act
- Does NOT Qualify

_____ _____

McKinney-Vento Liaison/Appointee Signature Date