2026-27 MV

CLEAR FORM | SAVE AS | PRINT

(Please PRINT.)

Completed by :_____ Campus: _____ Date:_____

Campus Staff ONLY

STUDENT RESIDENCY QUESTIONNAIRE
Part I

Name of Student (1): _____ **Name of School:** _____
Last First Middle *School (Attempting to Enroll)*

Student ID #: _____ **Grade:** _____ **DOB:** _____ **Age:** _____
School ID Number *Month/Day/Year*

Please CHECK one: ☐ Reg Ed ☐ Sp Ed ☐ 504

This questionnaire is intended to address the McKinney-Vento Act 42 U.S.C. 11435. The answers to this residency information help determine the services the student may be eligible to receive.

1. Is your current address a temporary living arrangement? ☐ Yes ☐ No

2. Is this temporary living arrangement due to loss of housing or economic hardship? ☐ Yes ☐ No

If you answered YES to all of the above questions, please complete the remainder of this form and begin the Homeless Identification Procedures (FD-R). If you answered NO, you may stop here.

3. Is the student living in foster care? ☐ Yes ☐ No
Students residing in foster care do not qualify for McKinney-Vento Services. Foster parents should provide documentation (the 2085 form) verifying their rights to enroll foster students.

If you answered YES to question #3, you may stop here. If you answered NO to question #3, please complete the remainder of this form.

_____ _____
Signature of Parent / Guardian / Unaccompanied Youth Date

Parent / Guardian / Unaccompanied Youth Email:_____

CONFIDENTIAL INFORMATION

*Please provide the following information for the brothers and/or sisters of **student 1** who are **of school age in FBISD** and applying for McKinney-Vento status.*

Student's Name (2)_____School _____

Student I.D.# _____Grade _____DOB _____Age _____

Please CHECK one: ☐ Reg Ed ☐ Sp Ed ☐ 504

Student's Name (3)_____School _____

Student I.D.# _____Grade _____DOB _____Age _____

Please CHECK one: ☐ Reg Ed ☐ Sp Ed ☐ 504

Student's Name (4)_____School _____

Student I.D.# _____Grade _____DOB _____Age _____

Please CHECK one: ☐ Reg Ed ☐ Sp Ed ☐ 504

If additional children need to be added, then please attach a sheet of paper with the appropriate information.

Please email the completed application to your student's **campus counselor**. The campus will forward it to the district Homeless Liaison for review.

Submit completed application within 24 hours of enrollment. Thank you!

Student Residency Questionnaire Part II
Homeless Verification

The information on this form is required to meet the law known as the McKinney-Vento Act 42 U.S.C. 11434a(2), which is also known as Title X, Part C, of the No Child Left Behind Act. The answers you give will help the school determine the services the student may be eligible to receive. To prevent delay in service, please be sure the application is completed in full.

Presenting a false record or falsifying records is an offense under Section 37.10, Penal code, and enrollment of the child under false documents subjects the person to liability for tuition or other costs. TEC Sec. 25.002(3)(d).

Name of Student 1:_____ Gender: ☐ Male ☐ Female
Last First Middle

Birth Date: _____ Grade: _____ Age:_____ Student ID #:_____
Month / Day / Year

Check the box that best describes with whom the **student(s)** resides.

☐ Unaccompanied youth

☐ Caregiver(s) who are not legal guardian(s) *(Examples: friends, relatives, parents of friends, etc.)*

Caregiver Name(s): _____ _____

(Attach / email the caregiver form and copy of caregiver's ID with McKinney-Vento application.)

☐ Parent(s) Name(s): _____ _____

☐ Legal Guardians(s) (***Court documented*** *guardian*) Name(s): _____ _____

Name of person with whom **student(s)** resides:_____

Student's Current Home Address:_____ **Student's** Length of Time at Current Address:_____
(The physical address where you are living now.)

City:_____ State:_____ Zip:_____

Home Phone #:_____ Cell Phone #:_____ Other Emergency #:_____

Student's Previous Home Address:_____ **Student's** Length of Time at Previous Address: _____
(The physical address where you used to live.)

City:_____ State:_____ Zip:_____

Name of FBISD school where student is enrolled or in which student is attempting to enroll:_____

Last District Attended:_____ Last School Attended:_____

Both sections MUST be completed along with brief explanations.

Please check only ONE box that BEST describes where the student is currently living:

- ☐ Living with family and/or friends temporarily due to an **urgent measure** (more than one family living in the house, apartment, etc.)
- ☐ In a tent, car, abandoned building, on the streets, at a campground, in the park, or other unsheltered location
- ☐ In transitional housing (housing that is available for a specific length of time only and is partly or completely paid for by a church, a nonprofit organization, or another organization).
- ☐ In a hotel or motel (examples: because of economic hardship, eviction, cannot get deposits for permanent home, flood, fire, hurricane, etc.) **Name of hotel / motel**: _____
- ☐ In a shelter because I do not have permanent housing (examples: living in a family shelter, domestic violence shelter, children/youth shelter, FEMA housing) **Name of shelter**: _____
- ☐ In my own home or apartment that **has no electricity and / or no running water**, or in military housing, with parent(s), legal guardian(s), or caregiver(s).

Brief explanation: _____

Factors contributing to the student's current living situation (check all that apply).

- ☐ Natural disaster (**MUST** select other factors)
  - ☐ Tornado, storm, flood, etc.
  - ☐ Hurricane (Name of Hurricane: _____)
  - ☐ Fire
  - ☐ Pandemic: (Name of Pandemic: _____)
- ☐ Family issue (such as: divorce, domestic violence, kicked out by parents, student left home due to family conflict, etc.)
- ☐ Home issue (such as: lack of electricity, water, heat; overcrowding; home in need of repair or not safe to live in, etc.)
- ☐ Home fire not due to a natural disaster (i.e. faulty equipment / appliances / wiring, heater, stove, fireplace, etc.)
- ☐ Death of parent(s)
- ☐ Economic hardship
  - ☐ Loss of job (resulting in inability to pay rent/mortgage)
  - ☐ Income does not cover the cost of housing
  - ☐ Foreclosure on mortgage
  - ☐ Evicted / Eviction Court (assigned by court)
  - ☐ Unable to pay rental or utility deposits
- ☐ Parent or guardian in jail
- ☐ Parent unable to provide adequate or stable housing due to health, mental health, drugs/alcohol, or other factors
- ☐ Military (parent / guardian deployed, injured or killed in action)
- ☐ Other: _____

Brief explanation: _____

_____ _____

Signature of Parent / Guardian / Unaccompanied Youth **Date**

McKinney – Vento
STUDENT SERVICES QUESTIONNAIRE
FORT BEND INDEPENDENT SCHOOL DISTRICT
SUGAR LAND, TEXAS

Dear Parent:

The **McKinney-Vento Homeless Education Assistance Improvement Act** was enacted to ensure that homeless children and youths have access to the same public educational opportunities that non-homeless students enjoy. In order to better serve the needs of our students and their families, Fort Bend I.S.D. is attempting to identify homeless children and youths within its boundaries. By answering the questions below, we will be able to provide the appropriate services to those families in need of assistance:

Parent / Guardian / Unaccompanied Youth's Name_____
(Please print.)

_____ _____
Signature of Parent / Guardian / Unaccompanied Youth **Date**

Parent / Guardian / Unaccompanied Youth Email:_____

This form is to be completed with the assistance of a School Counselor or Social Worker.

Social Work Service Referrals

SCHOOL REFERRALS (in need of:)

- ☐ School Supplies
- ☐ Hygiene Kit
- ☐ School Support
- ☐ Extended Learning Program (before / after school care)
- ☐ Reduced or Free Lunch (notify Homeless Liaison / send copy of this questionnaire)

Note: If the child has been verified as homeless, then he/she qualifies for child nutrition.

- ☐ **SCHOOL OF ORIGIN** Transportation **ONLY** (notify Homeless Liaison / send copy of this questionnaire)

COMMUNITY SERVICES (in need of information for/or currently receiving:)

- ☐ Clothing
- ☐ Housing assistance
- ☐ Immunizations
- ☐ Food pantries
- ☐ Daycare
- ☐ Homeless shelter
- ☐ Counseling
- ☐ Healthcare
- ☐ Dental Services
- ☐ Mental Health Services
- ☐ Substance Abuse

Campus Staff ONLY (check one)

☐ SCHOOL OF ORIGIN Transportation

☐ Special Education Transportation (Scan and email the ARD paperwork with request.)

Please email a copy to your student's campus counselor.

School of Origin ONLY

Bus Transportation Request Form
FORT BEND INDEPENDENT SCHOOL DISTRICT
HOMELESS TRANSPORTATION REQUEST FORM

School of Origin ONLY

Please complete the information below. We ask that you verify the student's homeless status first and whether or not he / she is within the walk zone before making this submission. This form should be completed if requesting SCHOOL OF ORIGIN transportation ONLY. Provide a copy of this document to the registrar / campus counselor and submit the request for SCHOOL OF ORIGIN transportation for the student(s) by emailing it to your campus counselor so it can be forwarded to the Fort Bend ISD Homeless Liaison.

STUDENT'S NAME (1) _____ **GRADE** _____

PARENT'S/GUARDIAN'S NAME _____

ADDRESS _____

CITY _____ **ZIP** _____

PHONE # _____ **ALTERNATE PHONE #** _____

PARENT / GUARDIAN EMAIL: _____

CAMPUS _____ **STUDENT ID#** _____

Student's Name (2)	**Grade**	**Campus**	**ID#**
Student's Name (3)	**Grade**	**Campus**	**ID#**
Student's Name (4)	**Grade**	**Campus**	**ID#**

If additional space is needed, then please attach a sheet of paper with the appropriate information.

REMINDER!

Note to Parents: It may take time to establish a transportation route, but once the form is received it will be processed and forwarded to the appropriate transportation supervisor. You will be contacted by a supervisor regarding pickup and drop-off times. **Service will be terminated after the second occurrence of the failure to contact transportation about an inability to make an arranged pickup.** Your cooperation in this matter is deeply appreciated!

Signature of Parent / Guardian / Unaccompanied Youth _____ **Date** _____

FORT BEND ISD CONTACT NUMBERS

Lake Olympia Transportation Dept. (281) 634-1930 and Hodges Bend Transportation Dept. (281) 634-1970

Fort Bend ISD Homeless Liaison (281) 634-1134

If a student resides within the home campus attendance boundary then regular busing rules apply.

STUDENT (1)		ID#		CAMPUS	
STUDENT (2)		ID#		CAMPUS	
STUDENT (3)		ID#		CAMPUS	
STUDENT (4)		ID#		CAMPUS	

Signature Page / Receipt of Rights

STUDENT'S NAME (1) _____ **STUDENT ID#** _____

CAMPUS _____

McKINNEY-VENTO HOMELESS CHILDREN & YOUTH RIGHTS DOCUMENTS SIGNATURE PAGE

In meeting the requirements of the **McKinney-Vento Homeless Assistance Act**, parents and unaccompanied youth are required by law to receive a copy of their rights **annually**. Have parents sign for receipt of the ***Fort Bend ISD Public Notice of Education Rights of Homeless Children and Youth*** at the beginning of the school year.

_____ _____

Signature of Parent / Guardian / Unaccompanied Youth **Date Received**

2nd SEMESTER COMMUNICATION OF RIGHTS

_____	_____	_____	_____
DATE	**TIME**	**PHONE #**	**PERSON OF CONTACT**

*** A copy of homeless rights must be provided even if a parent or unaccompanied youth indicates that they are no longer homeless. Indicate the change in homeless status by checking the box, signing and dating on the line below**.

☐ I am no longer homeless. *(Please check the box and sign below if no longer homeless.)*

_____ _____

Signature of Parent / Guardian / Unaccompanied Youth **Date**

McKinney Vento
Homeless Children & Youth Rights

Information for Parents of School-Age Youth



If your family lives in any of the following situations:

- A Homeless Shelter
- Doubled-up with other people
- Car, park, empty building, bus or train station
- Motel or campground

Your eligible children have the right to:

- ☑ Receive a free, appropriate public education.
- ☑ Enroll in school immediately, even if lacking documents normally required for enrollment.
- ☑ Enroll in school and attend classes while the school gathers needed documents.
- ☑ Enroll in the local school; or continue attending their school of origin if that is your preference.
- ☑ Receive transportation to and from the school of origin, if requested.
- ☑ Receive educational services comparable to those provided to other students, according to your children's needs.

IF YOU BELIEVE...
your children may be eligible, contact the local liaison listed below to find out what services and supports may be available. There also may be supports available for your preschool-age children.

IF THE SCHOOL DISTRICT BELIEVES...
that the school you selected is not in the best interest of your children, the district must provide you with a written explanation of its position and inform you of your right to appeal its decision.

Local Liaison
FBISD Liaison
281-634-1134

Texas Education Agency

Texas Education for Homeless Children and Youth Support Center
1 800 446 3142 | tehcy.tea.texas.gov

McKinney Vento
Homeless Children & Youth Rights

Information for School-Age Youth



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