MCPS McKinney-Vento
2023-24 Student Residency Questionnaire

By completing this questionnaire, you help the district comply with the McKinney-Vento Act, Title X, Part C of the No Child Left Behind Act. Your answers will be confidential and help the district identify services that the student may be eligible to receive.

School:		Date:		Grade:	
Student Name:		DOB:		Age:	
Legal Guardian(s) Name:					
Address:					
	Street		City		Zip
Phone #		Email:			

The student(s) lives with:

☐ Parent(s)/Legal Guardian(s)   ☐ An adult that is not the parent/ legal guardian (UHY)   ☐ Alone, without any adult (UHY)

Student's Living Situation (check all that may apply):

☐ Doubled Up: Temporarily in another family's house or apartment **because of loss of housing due to financial problems (e.g., loss of job, eviction, or natural disaster)**

☐ In a shelter/transitional housing_____(please name the shelter)

☐ In a motel or hotel **due to economic hardship**

☐ Unsheltered **due to economic hardship**: Sleeping in a car, trailer or campsite, or any other public space not designed for, or ordinarily used as regular sleeping accommodations

☐ Substandard Housing - Housing does not meet the criteria for Fixed, Regular, and Adequate

* A student is only considered an Unaccompanied Homeless Youth if they meet the definition of UHY and also meet definition of being homeless

*IF YOU CHECKED ANY OF THESE BOXES, PLEASE COMPLETE **BOTH** SIDES OF THIS FORM.*

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☐ None of the above apply - NO FURTHER INFORMATION REQUIRED AT THIS TIME. If your housing situation changes, please notify your student's school.

Signature of Parent/Legal Guardian/Caregiver:_____

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Please list ALL children living with you between the ages of birth and 21 years old:

First Middle Last	Age	Birthdate	Grade	School

Last school attended (if outside Missoula County Public School):
School: _____   District: _____
City, State, Zip: _____

Transportation Requested:	☐ Yes	☐ No
Bussing Information (for FRC/FIT use):		

Your District/School Homeless Liaison can provide referrals and assistance in the following areas. Please check areas of need:

☐ School enrollment
☐ Early kindergarten information
☐ Free Breakfast/Lunch Program
☐ Medical/Dental/Health

☐ School clothing
☐ Hygiene supplies
☐ Food pantry/Empower Pack
☐ Counseling

☐ School supplies/Backpack
☐ Other:
☐ Other:
☐ Other:

Person completing this form:

☐ Parent/Guardian   ☐ Adult w/no legal guardianship   ☐ School Personnel (Date/Method):
☐ Student   ☐ Other _____   _____

FIT/FRC Coordinator:		**Date**:	

For School Use Only:

Is the student eligible: ☐ Yes   ☐ No
This student is UHY: ☐ Yes   ☐ No

MCPS Homeless Liaison: **Date:**