

McKinney-Vento Student Residency Form

The information you provide is **confidential**. A child cannot be removed from their family solely because the child's family is temporarily experiencing housing challenges. The student will not be discriminated against based upon the information provided.

Student: _____ Birthdate: _____

School: _____ Grade: _____ Previously in Foster Care? Yes No

Name of Parent/Legal Guardian Student Resides with: _____

Current Address: _____ Phone _____

Is this address permanent ___ or temporary ___ (Please indicate one)

Is this living arrangement due to a loss of housing? Yes No Due to a Natural Disaster? Yes No

Is either parent a Veteran? Yes No

I declare that my family meets one of the following conditions for the McKinney-Vento Assistance Act due to the lack of a fixed, regular, or adequate nighttime residence. The following identifies our current residency situation. (Check the Appropriate box.)

Temporary Shelter

Domestic violence shelter Emergency Shelter (e.g., HH)

Transitional housing program (e.g., Booth/Granite Wellness/Church) _____

Hotel / Motel

Motel Hotel

Unsheltered

Car Park Campground

Temporarily Doubled Up

- Rented garage or trailer on private property
- Live with a friend or relative because I cannot afford housing
- Couch Surfing with parent/legal guardian

Student lives with a non-parent/non-legal guardian or without an adult (Unaccompanied Minor)

Couch Surfing without parent/legal guardian

Live in a residence needing significant repairs or without electricity or running water

Other (please specify) _____

Please list siblings living in the home

Sibling Name	Birth Date	School	Grade

Signature of Person Completing Form Date

Printed Name of Person Completing Form Relationship to Student

Would you like someone to follow up with you regarding available services in Nevada County? Yes ___ No ___

Please note that this form can be completed by a parent, a legal or non-legal guardian, the student, or any school staff member.

School / District Office and NCSOS Use Only

School Staff Contact (please print): _____

Entered information in CALPADS – information for student(s) at your site only. Date _____