



DeKalb County

Student/Family Residency Questionnaire

Your child may be eligible for additional educational services through Title I Part A, and/or Federal McKinney-Vento Assistance. Eligibility can be determined by completing this questionnaire.

Student Name

Name: (Last) _____ Name: (Middle) _____ Name: (First) _____

Sex _____ DOB _____ Grade _____ School _____

1. Please indicate the student's nighttime residency. Check one box

- A. Staying in shelter, FEMA trailer, or waiting for foster care placement
- B. Doubled-up: Sharing the housing of others due to loss of housing, economic hardship or similar reason
- C. Living in a car, park, campground, public space, abandoned building, substandard housing or similar.
- D. Temporarily living in a motel or hotel due to loss of housing, economic hardship or similar reason
- E. Unknown nighttime residence
- F. Living in a permanent dwelling (either rented or owned) with a parent/guardian

2. Unaccompanied Youth: not in the physical custody of a parent or guardian Check one box

- Y. Student(s) is with an adult that is not a parent or legal guardian, or alone without an adult
- N. Student does not meet the definition of "Unaccompanied youth"

Print Parent/Guardian Name

Signature

Date

(Area Code) Phone Number Street Address City State Zip

School Use Only

School Advocate or Administrator: Based on the above information and a brief interview with this family, I attest that to the best of my knowledge they are eligible for benefits under the McKinney-Vento Act:

Print Advocate or School Administrator Name (Required) Title Signature (Required) Date

Copies to

- 1. Homeless Education Liaison (Jennifer Williams fax 256-528-5407)
- 2. Student's Cumulative Record
- 3. CNP Office