

# STUDENT RESIDENCY QUESTIONNAIRE

School: \_\_\_\_\_ Grade: \_\_\_\_\_ Date: \_\_\_\_\_

Student Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Foster Child:  Yes  No If Yes, how long has this foster child lived with you? \_\_\_\_\_

List all of your preschool and school-aged children currently living with you: (continue on the back if more space is needed.)

Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_

Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_

Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_

Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_

## Information provided on this form is confidential.

What is your current living situation? (Based on your situation, your child may be eligible for additional services.)

\_\_\_ **I own or rent my own home/apartment.** If you checked this box, **STOP** here. You do not need to answer any additional questions.

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\_\_\_ **Sharing the housing of other persons due to:** (check one)

Loss of housing due to eviction, foreclosure, or other economic hardship (such as job loss)

Explain: \_\_\_\_\_

Long-term cooperative living arrangement to save money or a similar reason

\_\_\_ **At a motel, hotel, campground, or similar setting due to:** (check one)

Lack of alternative adequate accommodations

It being a convenient living arrangement, or waiting for an apartment to be ready

\_\_\_ **In an emergency or transitional shelter (domestic violence, homeless shelter, or transitional housing)**

\_\_\_ **In a primary nighttime residence that is a place not designed for or ordinarily used as a regular sleeping accommodation for humans**

\_\_\_ **In cars, parks, public spaces, abandoned buildings, substandard housing, bus or train stations, or similar setting**

How long do you anticipate living at this location? \_\_\_\_\_

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Current Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

\_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian/Unaccompanied Youth Signature

OFFICE USE ONLY: <input type="checkbox"/> McK-V <input type="checkbox"/> UnY <input type="checkbox"/> FC <input type="checkbox"/> If checked, complete referral form.
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