

Date: _____

Crabbe ES Hager ES Poage ES Oakview ES Charles Russell ES AMS Blazer HS

Name of Student (Please Print) _____ Birth Date: _____ Grade: _____

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 the above questions, please complete the remainder of this form. If you answered NO, you may stop here. Please note, information on this form is confidential.

1. Does the student currently live in any of the following situations?

- Sharing the housing of other persons due to: (check one)
 - Long term, cooperative living arrangement to save money, or a similar reason
 - Loss of housing, economic hardship or a similar reason
 - Other (please specify): _____
- In a motel, hotel, campground or similar setting due to: (check one)
 - Lack of alternative adequate accommodations. Please explain: _____
 - Waiting for apartment or house to be ready
 - Other (please specify): _____
- In emergency or other transitional shelter
- Have 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 settings
- None of the above. Please explain your situation: _____

2. How long do you anticipate living at this location? _____

Please list all of YOUR preschool children currently living with you (Please Print)

Name: _____ Birth Date: _____

Name: _____ Birth Date: _____

Signature of Parent/Guardian/Unaccompanied Youth