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| Today’s Date | **Peoria Unified School District #11**  **McKinney-Vento Residency Survey** | *School Office Staff*  *School*  *Perm ID #*  *Grade*  *Start Date* |
| This questionnaire is intended to address the McKinney-Vento Act 42 U.S.C. 11435. The answers to this residency information help determine the service the student may be eligible to receive. Eligibility must be reviewed and reevaluated every school year. | |

Student Name       Gender **M** or **F**  DOB

Parent/

Guardian Name       Phone #(s)

Address       City/ZIP

Email Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact

Name       Phone #(s)

1. Is the student and/or family housing situation a temporary living arrangement?  Yes  No
2. Is this housing situation due to loss of housing, economic hardship, or a traumatic event?  Yes  No

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| **Continue ONLY if you answered “Yes” to BOTH questions**. |

Where is the student or family currently residing?

Living temporarily with a friend or family in a house or apartment

Name & phone # of person

Homeless/Domestic Violence Shelter or transitional housing

Program name & phone #

Hotel or motel

Hotel/motel name & phone #

In a place not designed for ordinary sleeping accommodations (car, park, campsite, etc)

Student is living with someone other than legal parent/guardian.

Name # of person student living with

What is the expected length of stay at this address?

Do you have other children in the Peoria Unified School District?  Yes  No

If yes, list name(s) and school(s)

What school did your child last attend?       In what district?

Is the student or your family in need of assistance in any of the following areas?\*

school supplies  enrollment documents  counseling services

clothes/hygiene  weekend food/snack packs  preschool/Head Start

school transportation  referrals for community resources  other

\*Not all services are available at all sites.

I declare that the information I have provided is true and correct and of my own knowledge.

Signature of Parent/Guardian Date

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| **School Personnel Only** |
| As the designated point of contact for the McKinney-Vento program at PUSD, I confirm this student is eligible.    Signature of qualified school or district representative Date |