

**Peoria Unified School District #11
McKinney-Vento Residency Survey**

School Office Staff
School _____
Perm ID # _____
Grade _____
Start Date _____

Today's 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 _____
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

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 _____
 - Student is in an emergency placement awaiting foster care. What is the students entry date in present placement?

- Type of residence: friend or relative's home/apt foster home group home emergency shelter
Name of group home or shelter & phone # _____
DCS caseworker name & phone # _____

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 _____

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 _____