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.

<table>
<thead>
<tr>
<th>Student Name</th>
<th>Gender</th>
<th>DOB</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parent/ Guardian Name</td>
<td>Phone #(s)</td>
<td></td>
</tr>
<tr>
<td>Address</td>
<td>City/ZIP</td>
<td></td>
</tr>
<tr>
<td>Emergency Contact Name</td>
<td>Phone #(s)</td>
<td></td>
</tr>
</tbody>
</table>

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
- [ ] clothes/hygiene
- [ ] school transportation
- [ ] enrollment documents
- [ ] weekend food/snack packs
- [ ] referrals for community resources
- [ ] counseling services
- [ ] preschool/Head Start
- [ ] 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 ____________