## Student Residency Questionnaire

The information on this form is required to meet The Education for Homeless Children and Youth (EHCY) program, authorized under Title VIIB of the McKinney-Vento Homeless Assistance Act (42 U.S.C. 11431 et seq.), also known as the McKinney-Vento Act.

Presenting a false record or falsifying records is an offense under Section 37.10, Penal code, and enrollment of the child under false documents subjects the person to liability for tuition or other costs. Texas Education Code Sec. 25.002(3)(d).

All of the questions below refer to the student that is enrolling.

" X " all boxes below that best describe where the student sleeps at night, leave those blank that do not apply:

| In a home that the student's parent or legal guardian owns or rents (C189=0) |
| :---: |
| In a place that does not have windows, doors, running water, heat, electricity, or is overcrowded (C189=3) |
| Staying with a friend or relative because of loss of housing, economic hardship, or a similar reason (C189=2) <br> (Examples: eviction, foreclosure, fire, flood, lost job, divorce, domestic violence, kicked out by parents, ran away from home) |
| In a shelter (C189=5) <br> (Examples: living in a family shelter, domestic violence shelter, children/youth shelter, FEMA housing) |
| In an unsheltered location, such as: <br> - a tent <br> - a car or truck <br> - a van <br> - an abandoned building <br> - on the streets <br> - at a campground <br> - in the park <br> - in a bus or train station <br> - other similar place <br> (C189=3) |
| In a hotel or motel because of loss of housing or economic hardship (C189=4) <br> (Examples: eviction, foreclosure, cannot get deposits for permanent home, flood, fire, hurricane) |
| In a transitional housing program (C189=5) <br> (Housing that is available as part of a program for a specific length of time only and is partly or completely paid for by a church, a nonprofit organization, governmental agency, or another organization) |
| The student lives here because of a natural disaster. " $X$ " the type of disaster below and provide the requested information: $\qquad$ Hurricane--Name of hurricane: $\qquad$ $\qquad$ Flood $\qquad$ Tornado $\qquad$ Wildfire $\qquad$ <br> Other-Please <br> describe: <br> describer $\qquad$ <br> Date the natural disaster took <br> place: $\qquad$ <br> Where the natural disaster took place, including <br> county: $\qquad$ |
| The student does not sleep in any of the places described above. Tell below where the student does sleep: |

Following information for school-age siblings (brothers and/or sisters) of the student:

| Last Name | First Name | Brother or Sister | Stay at the same place (X) | Grade | School | District |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: |
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List all other school-aged children that stay in the same place

| Last Name | First Name | Grade | School | District |
| :--- | :--- | :--- | :--- | :--- |
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## Signature of Person Providing Information

 DateParent/Legal Guardian/Caregiver/Unaccompanied Student

For School Use Only
I certify the above named student qualifies for the Child Nutrition Program under the provisions of the McKinney-Vento Act.

## McKinney-Vento Liaison Signature

