



Louisiana Student Residency Questionnaire Form (Form Must Be Included In School Enrollment Packet)

Date District/Parish School Name Student Name SSN/ID# Male/Female Date of Birth Address Telephone Number Last School Attended Current Grade Parent/Guardian/Adult Caring for Student Relationship

Disclaimer: This questionnaire is intended to address the McKinney-Vento Act. Your child may be eligible for additional educational services through Title I Part A, Title I Part C-Migrant, Individuals with Disabilities Education Act (IDEA) and/or Title X, Part C, Federal McKinney-Vento Assistance Act, 42 U.S.C.11435. Eligibility can be determined by completing this questionnaire. It is illegal to knowingly make false statements on this form. If eligible, students are to be immediately enrolled in accordance with Bulletin 741, section 341.

- 1. Is the student's address a temporary living arrangement? (Note: If this is a permanent living arrangement or the family owns or rents their home, sign under item 9 and submit form to school personnel.)
2. Is the temporary living arrangement due to loss of housing or economic hardship?
3. Where is the student currently living? (Check all that apply)

Form box containing checkboxes for: In an emergency/transitional shelter, Awaiting foster care placement, Temporarily with another family because we cannot afford or find affordable housing, With an adult that is not a parent or legal guardian, or alone without an adult, In a vehicle of any kind, trailer park or campground without running water/electricity, abandoned building or substandard housing, Emergency Housing (i.e. FEMA Trailer or FEMA Rental Assistance), In a hotel/motel, Other specific information

- 4. Does your child have a disability or receive any special education services? (Check One)
5. Does your child exhibit any behaviors that may interfere with his or her academic performance?
6. Would you like assistance with uniforms, student records, school supplies, transportation, other? (Describe:)
7. Migrant - Have you moved at any time during the past three (3) years to seek temporary or seasonal work in agriculture (including poultry processing, dairy, nursery, and timber) or fishing?
8. Does your child have siblings (brothers or sisters)? Note: Use back of page if more space is needed.
Name School Grade DOB
Name School Grade DOB
Name School Grade DOB

9. The undersigned certifies that the information provided above is accurate.

Print Parent/Guardian Name/Adult Caring for Student Signature Date

(Area Code) Phone number Street Address City State Zip

School Use Only Free or Reduced Price Meals Form submitted/signed Copy Placed in Student's Cumulative Record

Homeless Liaison Use Only- Check All That Apply

Sheltered Doubled-Up Unsheltered/FEMA Hotel/Motel Unaccompanied Youth Yes No Awaiting Foster Care Placement

Print School Contact Title Signature (required) Date (Revised 3/2012)



TITLE X, PART C
MCKINNEY-VENTO CONFIDENTIAL REFERRAL FORM

Louisiana School District _____

Date _____ Not In School _____

Student _____ (M/F) Parent/Guardian _____ Race _____

School _____ Age _____ Grade _____ Special Ed: Yes _____ No _____

S.S.# or I.D.# _____ D.O.B. _____ Phone Number _____

Temporary Address _____ City _____ Zip _____

Referring Person _____ Position _____

Reason for referral: Problems listed below often prevent homeless children and youth from attending school. Please check the areas of concern which apply to the student identified above.

- ___ School of origin: Yes [] No []
___ Student lacks a permanent residence
___ Student is unable to pay school fees
___ Immunizations are needed
___ Birth certificate is needed
___ Excessive absences are a problem
___ Lacks academic records and/or documentation
___ Academic problems indicate a need for tutoring
___ School supplies are needed
___ Transportation to school is a problem
___ Student/family needs assistance accessing community resources
___ Behavior indicates a need for mental health counseling
___ School clothes are needed (Sizes: Shirt _____ Pants _____ Shoes _____ Other _____)
___ Free lunch form needed
___ Health problems are indicated
___ Need Health Insurance (LA CHIP/Medical Card)
___ Guardianship is a problem
___ IDEA (gifted, talented, disabilities) services needed
___ LEP/ESL services needed
___ Migrant services needed
___ Need SNAP benefits (food stamps)

Check all that apply:
[] Sheltered (1)
[] Doubled-Up (2)
[] Unsheltered/FEMA (3)
[] Hotel/Motel (4)
[] Awaiting Foster Care Placement
Unaccompanied Youth: Yes [] No []
[] 01 - Mortgage Foreclosure
[] 02 - Flooding
[] 03 - Hurricane
[] 04 - Tropical Storm
[] 05 - Tornado
[] 06 - Wildfire or Fire
[] 07 - Man-made Disaster (Major)
[] 99 - Other: i.e., lack of affordable housing, long-term poverty, Unemployment or underemployment, lack of affordable, health care, mental illness, domestic violence, forced eviction, etc.

COMMENTS: _____

Other children in home: _____

School Personnel Signature _____ Date _____ Homeless Liaison's Signature _____ Date _____

*LIAISON'S SIGNATURE INDICATES STUDENT(S) MEET TITLE X, PART C REQUIREMENTS

[] Copy sent to District Homeless Liaison

[] Copy Placed in Student's Cumulative Record