ATTACHMENT M

STUDENT RESIDENCY QUESTIONNAIRE

The McKinney-Vento Homeless Assistance Act, part of Every Student Succeeds Act (ESSA), entitles all homeless school-aged children access to the same free, appropriate public education that is provided to non-homeless youth. Schools are required to remove barriers to the enrollment, attendance, and success of homeless students in school. To determine eligibility please complete this form. For additional information, please contact the Homeless Education Program at (213) 202-7581.

School: _____ Local District: _____
Student First Name: _____ M.I.: __ Last Name: _____ D.O.B.:_____ ☐Male ☐Female
Grade: _____ **STUDENT DISTRICT ID NUMBER** _____
Address: _____ Apt #: _____ City: _____ Zip Code: _____
Parent/Guardian Name: _____ Contact Number:_____

Is the student a teen parent? □ Yes □ No

Is the student an unaccompanied youth? □ Yes □ No

Is the student a runaway? □ Yes □ No

Has the student transferred schools any time after completing the second year of High School? □ Yes □ No
If Yes, forward copy of SRQ to academic counselor for AB1806 eligibility.

CHECK THE ONE OPTION THAT BEST DESCRIBES YOUR NIGHT TIME RESIDENCE:

□ ***In*** a shelter (name of shelter) _____

□ ***In*** a motel or hotel (name of motel/hotel) _____

□ ***In*** a transitional housing program (name of program)

□ ***In*** a car, trailer or campsite, **temporarily due to inadequate housing**

□ ***In*** a trailer/motor home on private property

□ ***In*** a garage **due to loss of housing**

□ ***Temporarily*** in another family's house or apartment **due to loss of housing, due to financial problems (e.g. loss of job, eviction, or natural disaster)**

□ ***Temporarily*** with an adult that is not the parent/legal guardian **due to loss of housing**

□ ***Other*** places not designed for, or ordinarily used as a regular sleeping accommodation for human beings ***(explain):*** _____

_____

IF YOU CHECKED ANY OF THESE BOXES, PLEASE COMPLETE BOTH SIDES OF THIS FORM.

⇨ ⇨ ⇨

□ **NONE OF THE ABOVE APPLY – NO FURTHER INFORMATION REQUIRED AT THIS TIME.**
***If your housing situation changes, please notify your child's school.**

----------*AFFIDAVIT*----------

By signing this form, I declare under penalty of the laws in the State of California that the foregoing is true and correct. In addition, I understand that the District reserves the right to verify the above listed residence information.

Signature of Parent/Legal Guardian/Caregiver: _____ **Date:** _____

UPON RECEIPT, FAX BOTH SIDES TO HOMELESS EDUCATION PROGRAM 213-580-6551
******COMPLETE REVERSE SIDE******

ATTACHMENT M

Student Name _____**School** _____

All school aged siblings must have a separate SRQ and be identified in MISIS to receive services. List all siblings between the ages of birth and 22 years old.

Name	Birthdate	Grade	School

Please check areas of need, if any (homeless school site liaison may be able to facilitate referral to some of these resources):

- ❏ Backpack/School Supplies
- ❏ Clothing Assistance (Shoes, Clothing, Uniforms)
- ❏ Tutoring
- ❏ Transportation Assistance
- ❏ Hygiene Kits
- ❏ Assistance for a Homeless Teen Parent
- ❏ No Services Requested

******IF YOU ARE REQUESTING TRANSPORTATION ASSISTANCE, SIGN THE AFFIDAVIT BELOW.***

I need assistance from LAUSD, as I have no alternate means to deliver my child to school. I agree to have my child attend school every day and on time. I also agree to notify the District if our situation changes or we no longer require this assistance. I understand that my child must meet the eligibility criteria for transportation assistance and I must comply with sign-in and supervision requirements.

Parent/Guardian's Signature: _____ **Date:** _____

ATTENTION SCHOOL SITE HOMELESS LIAISON

The School Site Homeless Liaison shall provide needed referrals for school clothing/uniforms, tutoring, counseling, medical/dental/health, and food pantries. If you need assistance with referrals, please refer to the Homeless Liaison Training Manual. ***The liaison is responsible for arranging the pick up of resources provided for homeless students by the Homeless Education Program.*** For additional assistance and resources such as temporary housing, families can be referred to 211 which is accessible 24 hours a day in all languages.

The Homeless Liaison Training Manual and other resources can be found at: http://homelesseducation.lausd.net

School Site Homeless Liaison:

Name_____ Title_____ Phone _____E-mail _____

SCHOOLS PLEASE NOTE:

- ✓ **The Student Residency Questionnaire (SRQ) must be kept in a confidential file, which is separate from the Permanent Student Record (DO NOT PLACE THIS FORM IN CUMULATIVE FILE).**
- ✓ **For any choices except none of the above applies, please fax this form (both sides) to the Homeless Education Program at (213) 580-6551.**

(For Homeless Education Program Use Only)

1. Student is living within his/her school's residence boundaries? ❏ NO ❏ YES - If yes, student does not qualify for transportation assistance.

2. Student is eligible for transportation? ❏ NO ❏ YES _____

Transportation Request Processed by _____ Date _____

If transportation is denied, a denial letter will be sent to the School-Site Homeless Liaison. Parent/guardian can appeal.