



Louisiana Student Residency Questionnaire Form

(Form Must Be Included in School Enrollment Packet)

Louisiana School District: ALLEN PARISH

School Name _____

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 IX, Part A, 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. Yes No **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 below and submit form to school personnel.)**
- 2. Yes No **Is the temporary living arrangement due to loss of housing or economic hardship? Check reason below:**

<input type="checkbox"/> 01 – Mortgage Foreclosure	<input type="checkbox"/> 05 – Tornado	<input type="checkbox"/> 99 – Other: (i.e., lack of affordable housing, long-term poverty, unemployment, mental illness, domestic violence, forced eviction, incarcerated parent, etc.)
<input type="checkbox"/> 02 – Flooding	<input type="checkbox"/> 06 – Wildfire or Fire	
<input type="checkbox"/> 03 – Hurricane	<input type="checkbox"/> 07 – Man-made Disaster (Major)	
<input type="checkbox"/> 04 – Tropical Storm		

- 3. Where is the student/family currently living? (Check all that apply) **Temporarily Living with:** _____

<input type="checkbox"/> In an emergency/transitional shelter or abandoned in a hospital [Sheltered - #48]
<input type="checkbox"/> Temporarily with another family because we cannot afford or find affordable housing. [Doubled-Up - #49]
<input type="checkbox"/> In a vehicle of any kind, trailer part or campground without running water/electricity, abandoned building or substandard housing [Unsheltered - #50]
<input type="checkbox"/> Emergency Housing (i.e., FEMA Trailer or FEMA Rental Assistance [Unsheltered/FEMA - #50]
<input type="checkbox"/> In a hotel/motel due to the lack of alternative adequate accommodations [Hotel/Motel - #51]
<input type="checkbox"/> With an adult that is not in the physical custody of a parent or legal guardian, or alone without an adult [Unaccompanied Youth]

- 4. Yes No Does your child have a disability or receive any special education services?
- 5. Yes No 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. Yes No 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. Please complete the information below for each child enrolled in school that you feel may be eligible for Homeless services.

Child's Name			M/F	D.O.B.	Current Grade	School Name
First	Middle	Last				

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

Print _____
(Parent/Adult Caring for Student) Relationship Signature Date

(Area Code) Phone Number Street Address City State Zip

School Use Only: <input type="checkbox"/> Free/Reduced Price Meals Form submitted/signed	<input type="checkbox"/> Request Assistance (Submit Confidential Referral Form)
<input type="checkbox"/> Copy Placed in Student's Cumulative Record	<input type="checkbox"/> Copy Faxed to Media Center [337-639-2694]

Homeless Liaison Use Only: Based on the information provided above, student(s) are: eligible ineligible for benefits under the Title IX, Part A-McKinney-Vento Homeless Assistance Act.

Sheltered (#48) Doubled-Up (#49) Unsheltered/FEMA (#50) Hotel/Motel (#51) Unaccompanied Child/Youth

Jennifer Manuel, Homeless Liaison _____
Title Signature (required) Date