



To be completed by school personnel:
Student's District ID#: _____

STUDENT RESIDENCY QUESTIONNAIRE





The goal of the LAUSD Homeless Education Program is to effectively serve students and families in transition, providing advocacy and referral services that foster a sense of empowerment and stability. To determine if your child is eligible for these services, please complete the Student Residency Questionnaire and return it to the Main Office at your child's school. For additional information, please contact the Homeless Education Program at (213) 202-7581.

Date: _____ School: _____ ESC: _____
Student First Name: _____ M.I.: ___ Last Name: _____ D.O.B.: _____ Male Female
Grade: _____ Other (i.e. Adult Ed.) _____ Special Ed: yes no Designation: _____
Address: _____ Apt #: _____ City: _____ Zip Code: _____
Parent/Guardian Name: _____ Contact Number: _____

The student(s) lives with:

- 1 parent
- 2 parents
- 1 parent & another adult
- a relative
- an adult that is not the parent or legal guardian
- alone with no adults

Student's Living Situation (Check all that may apply):

<input type="checkbox"/> In a shelter _____ (name of shelter) <input type="checkbox"/> In a motel or hotel _____ (name of motel/hotel) <input type="checkbox"/> In a transitional housing program _____ (name of program) <input type="checkbox"/> In a car, trailer or campsite, temporarily due to inadequate housing <input type="checkbox"/> In a rented trailer/motor home on private property <input type="checkbox"/> In a SRO (Single Room Occupancy) building – a multiple tenant building consisting of individual rooms with shared restrooms and/or kitchens (not an apartment building or a one bedroom) . <input type="checkbox"/> In a rented garage due to loss of housing <input type="checkbox"/> 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) <input type="checkbox"/> Temporarily with an adult that is not the parent/legal guardian due to loss of housing <input type="checkbox"/> Awaiting foster placement <input type="checkbox"/> Other places not designed for, or ordinarily used as a regular sleeping accommodation for human beings (explain) _____ <input type="checkbox"/> Living alone, without any adult (unaccompanied youth)	<div style="text-align: center;">  </div> <p style="color: red; font-weight: bold; text-align: center;">IF YOU CHECKED ANY OF THESE BOXES, PLEASE COMPLETE BOTH SIDES OF THIS FORM.</p> <div style="text-align: center;">    </div>
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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: _____



Student Name _____ School _____

Please list all siblings between the ages of birth and 22 years old. Complete a separate SRQ for each child.

Name	Birthdate	Age	Grade	School

The McKinney-Vento Homeless Assistance Act, part of No Child Left Behind, 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.

The Homeless Education Program may be able to provide assistance in the following areas. Please check areas of need, if any:

<input type="checkbox"/> School Supplies	<input type="checkbox"/> Backpacks	<input type="checkbox"/> Hygiene Kits
<input type="checkbox"/> Early Childhood Education/Pre-school Programs	<input type="checkbox"/> Assistance for a Homeless Teen Parent	<input type="checkbox"/> Educational Advocacy
<input type="checkbox"/> Transportation Assistance	<input type="checkbox"/> Other: _____	

IF YOU ARE REQUESTING TRANSPORTATION ASSISTANCE, PLEASE SIGN THE AFFIDAVIT OF NEED 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: _____

TO BE COMPLETED BY SCHOOL SITE HOMELESS LIAISON

School-Site Homeless Liaison can provide referrals in the following areas:

Please check areas of need, if any

<input type="checkbox"/> School Attendance	<input type="checkbox"/> School Clothing/Uniforms	<input type="checkbox"/> Free Breakfast/Lunch Program
<input type="checkbox"/> Tutoring	<input type="checkbox"/> Counseling	<input type="checkbox"/> Medical/Dental/Health
<input type="checkbox"/> Academic Evaluation	<input type="checkbox"/> Food Pantries	<input type="checkbox"/> Other: _____

Liaison: Please check here if you provided the parent/guardian with the requested referrals. If you need assistance with referrals, please refer to your Homeless Liaison Training Manual or contact the Homeless Education Program at (213) 202-7581.

School Site Homeless Liaison Name	Title	Phone	Email
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- School Personnel:
- The Student Residency Questionnaire (SRQ) must be kept in a confidential file which is separate from the Permanent Student Record.
 - For any choices except none of the above apply, please fax this form (both sides) to the Homeless Education Program at (213) 580-6551.

(For Homeless Education Program Use Only)

Student has current SRQ on file. YES NO - SRQ required to process request.

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

Student is eligible for transportation. YES _____ NO _____

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.