BUILDING BRIDGES TO SUCCESS

SCHOOL Data Entry:
Date: _____
Code: R____ U_____
Sub code ____
Initials: _____

Student Residency Questionnaire

This survey is intended to address the requirements of the *No Child Left Behind Act*: Title X, Part C. The answers to questions below will assist us in determining if your child may qualify for additional educational support services. *Please respond to Section A, Section B, Section C, and fill in Parent/Guardian name, address, and phone.* PLEASE PRINT VERY CLEARLY, COMPLETE ONE PER FAMILY, and return the survey to your child's teacher. ¿Habla Ud. Español? Por favor llene la encuesta al otro lado de este papel.

Place an "X" in the appropriate box to answer "Yes" or "No."

Section A: QUESTIONS	YES	NO	*CODE*	*SUB CODE*
1. My family or a family member lives in a FEMA trailer, a campsite, emergency or transitional shelter or travel trailer park			*A*	
2. My family temporarily lives with another family because our family doesn't have a place of our own.			*B*	
3. My family lives in a car, park, public space, abandoned building, substandard housing, bus station or boat at anchor without facilities.			*D*	
4. My family lives in a motel or hotel due to lack of alternate accommodations.			*E*	
5. A child/youth in my home is waiting for foster care placement.			*F*	
6. My family lives in a location not ordinarily used as a regular sleeping accommodation (e.g., abandoned building, storage facility, etc.).			*D*	
7. A child/youth in my home is an unaccompanied youth (youth not in the physical custody of a parent or guardian).			*Y or N*	
8. *Have you moved within the past 3 years so that your family could find work in fishing or agriculture?*			*M*	
Section B: If you answered "Yes" to any of the above questions, place a check next to the reason below that applies. We lost our home due to:				
Mortgage Foreclosure				*M*
Wildfire or Fire				*W*
Unemployment or underemployment, forced eviction, domestic violence, lack of affordable housing or health care, forced eviction, mental illness, long term poverty				*O*
Man-made Disaster (Major)				*D*
Natural Disaster (Earthquake, Flooding, Hurricane, Tropical Storm, Tornado,) **Circle One**				*EFHST*

Section C: How many other children/youth are in your household (even if not enrolled in school)? _____

Names of Students Enrolled in School (PK – grade 12) or Adult School (Use additional sheet of paper if needed.)

First Name	MI	Last Name	Birth date	Grade	School
			__/__/____		
			__/__/____		
			__/__/____		

Parent or Guardian Name (Print): _____

Street Address (Location of House): _____

Mailing Address: _____
Street City State Zip

Telephone: _____ Cell phone: _____ Work phone: _____

Parent or Guardian Signature: _____ Date: _____

Directions for school staff: For students with positive responses to questions 1-7, complete data entry in TERMS S316 with 2 indicators and a sub code, complete school data entry box to indicate data entry has been completed & keep a copy of the form for your records.