



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? Is the student an unaccompanied youth? Is the student a runaway?
Yes No Yes No 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



**LOS ANGELES UNIFIED SCHOOL DISTRICT
POLICY BULLETIN**

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):

<input type="checkbox"/> Backpack/School Supplies	<input type="checkbox"/> Hygiene Kits
<input type="checkbox"/> Clothing Assistance (Shoes, Clothing, Uniforms)	<input type="checkbox"/> Assistance for a Homeless Teen Parent
<input type="checkbox"/> Tutoring	<input type="checkbox"/> No Services Requested
<input type="checkbox"/> Transportation Assistance	

*****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)

- 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? 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.



CUESTIONARIO SOBRE LA RESIDENCIA ESTUDIANTIL

El Acta de Asistencia Educativa McKinney-Vento para Estudiantes Sin Hogar, como parte de la ley Cada Estudiante Triunfa (ESSA), les da el derecho a todos los niños sin hogar en edad escolar a tener acceso a la misma educación pública gratuita y apropiada que se les proporciona a los alumnos que sí tienen hogar.

Escuela: _____ Distrito Local: _____
Nombre del alumno(a) _____ Apellido: _____ Fecha de Nacimiento: _____
Grado _____ NUMERO ESTUDIANTIL DEL DISTRICTO _____
Dirección: _____ # de Apto. _____ Ciudad: _____ Código Postal: _____
Nombre y apellido del padre/madre o tutor: _____ Número de teléfono para contactos: _____

El estudiante es un padre adolescente? El estudiante a huido de su hogar sin permiso? El estudiante es un joven no acompañado por adultos?
[] Sí [] No [] Sí [] No [] Sí [] No

El estudiante se ha transferido de escuela después de haber completado el segundo año de la secundaria (high school)? [] Sí [] No

****If Yes, forward copy of SRQ to academic counselor for AB1806 eligibility.

RESIDENCIA DE NOCHE (MARQUE SOLAMENTE UNA RESPUESTA):

[] En un refugio (nombre del refugio) _____
[] En un motel o hotel (nombre del motel o hotel) _____
[] En un programa de vivienda de transición (nombre del programa) _____
[] En un auto, tráiler o lugar de campamento, debido a vivienda inadecuada
[] En un tráiler/caravana fija, ubicados en propiedad privada
[] En un garaje debido a la pérdida de alojamiento
[] Temporalmente en la casa o apartamento de otra familia debido a la pérdida del alojamiento o problemas económicos.
[] Temporalmente con un adulto que no sea el padre, la madre o el tutor legal, debido a la pérdida del alojamiento
[] Otros lugares no diseñados para el uso normal de un ser humano

SI USTED MARCÓ CUALQUIERA DE ESTAS CASILLAS, HAGA EL FAVOR DE LLENAR AMBOS LADOS DE ESTE FORMULARIO



[] NINGUNA DE LAS SITUACIONES DESCRITAS ARRIBA CORRESPONDE - NO SE NECESITA INFORMACIÓN ADICIONAL POR AHORA. * Si la situación de su vivienda cambia, haga el favor de avisarle a la escuela.

AFFIDÁVIT

Al firmar este formulario, declaro de bajo pena de perjurio de conformidad con las leyes del Estado de California que la información proporcionada arriba es cierta y correcta. Entiendo que el Distrito se reserva el derecho de verificar la información sobre la vivienda que figura arriba.

Firma del Padre de Familia/Tutor Legal/Persona que Proporciona Servicios: _____ Fecha: _____

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**** LLENE LA SEGUNDA PAGUINA AL REVERSO****



LOS ANGELES UNIFIED SCHOOL DISTRICT POLICY BULLETIN

ATTACHMENT M-1

Nombre y apellido del alumno _____ Escuela _____

Cada niño de edad escolar debe tener un formulario individual y ser identificado en MISIS para recibir servicios. Anote a todos los hermanos entre las edades de recién nacido hasta los 22 años.

Nombre y apellido	Fecha de Nacimiento	Grado	Escuela

Haga el favor de marcar los recursos que necesita, si los hay (la persona de enlace del Programa de Educación para los Alumnos sin Hogar de la escuela le podrá referir a algunos de estos recursos):

- | | |
|---|--|
| <input type="checkbox"/> Mochilas/Materiales Escolares | <input type="checkbox"/> Botiquines de Higiene |
| <input type="checkbox"/> Ayuda para obtener ropa (zapatos, ropa, uniformes) | <input type="checkbox"/> Ayuda para un padre o madre adolescente sin hogar |
| <input type="checkbox"/> Tutoria | <input type="checkbox"/> Ningún Servicio Necesario |
| <input type="checkbox"/> Asistencia con Transporte | |

*****SI USTED SOLICITA AYUDA CON EL TRANSPORTE, FAVOR DE FIRMAR EL AFFIDÁVIT DE NECESIDAD A CONTINUACIÓN.***

Yo necesito la ayuda del LAUSD puesto que no tengo otro medio de llevar a mi hijo(a) a la escuela. Acepto hacer que mi hijo asista a la escuela todos los días puntualmente. También acepto notificarle al Distrito si nuestra situación cambia o si ya no necesitamos ayuda. Entiendo que mi hijo(a) debe cumplir con los requisitos pertinentes para recibir ayuda con el transporte y que debo cumplir con la obligación de firmar mi asistencia y las obligaciones de supervisión.

Firma del padre, madre, o tutor: _____ **Fecha:** _____

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