#

 **McKinney-Vento Residency Survey**

Dear Parent/Guardian:

**All information on this form is confidential**. **Please complete one form for each family and return it to the school office**. The answers to this residency survey help to determine the educational and social service needs of the community and any services your child may be eligible to receive, like homeless assistance.

#### Section A

Name of Parent/Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Total number of persons in household: \_\_\_\_\_\_\_\_ Primary home language: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_



Is this a new address? Yes No How long do you anticipate staying at this address? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_



Is this address change due to loss of housing or economic hardship? Yes No **If No, skip to Section C below.**

#### Section B Check all that apply:



 Rent Own Hotel/Motel Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Transitional Housing: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_



 Shelter Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_



 Staying with others: Please explain \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade: \_\_\_ Student ID \_\_\_\_\_\_\_\_\_\_\_ Teacher: \_\_\_\_\_\_\_\_ School: \_\_\_\_\_\_\_\_\_

Name of student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade: \_\_\_ Student ID \_\_\_\_\_\_\_\_\_\_\_ Teacher: \_\_\_\_\_\_\_\_ School: \_\_\_\_\_\_\_\_\_

Name of student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade: \_\_\_ Student ID \_\_\_\_\_\_\_\_\_\_\_ Teacher: \_\_\_\_\_\_\_\_ School: \_\_\_\_\_\_\_\_\_

Name of student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade: \_\_\_ Student ID \_\_\_\_\_\_\_\_\_\_\_ Teacher: \_\_\_\_\_\_\_\_ School: \_\_\_\_\_\_\_\_\_

**Previous school attended:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_

Please mark any of the following areas that your family is in need of assistance at this time:

* Housing programs
* School transportation 
* After-school programs
* Preschool/Headstart program
* Food assistance programs
* Hygiene/household items
* Immunizations or health records
* School uniforms or supplies

**School Use Only Please ensure the above has Student ID, Teacher and School for each child in the family.**

### Return this form to McKV at the District Office. For immediate needs please email form to McKinneyVentoForms@alhambraesd.org and call Educational Services at 602 336-3052.



**District Use Only** Perm. House Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School of Special Transportation

 Origin Residence Choice Shared In District Bus Passes

I certify that the above named student qualifies for services under the

provisions of the McKinney-Vento Act.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_

 District McKinney-Vento Liaison Signature Date



**McKinney-Vento Encuesta de Vivienda**

Querido Padre/Tutor:

**Toda la información en esta forma es confidencial**. **Favor de completar una forma por cada familia y regresarla a las oficinas de la escuela**. Las respuestas a esta encuesta ayudarán a determinar las necesidades de los servicios educacionales y sociales de la comunidad y de cualquier servicio que su hijo sea elegible para recibir, como la asistencia a personas sin hogar.

**Sección A**

Nombre del Padre /Tutor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Teléfono: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Teléfono Celular: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Correo Electrónico: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Número Total de personas en la casa: \_\_\_\_\_\_ Idioma principal en casa: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Domicilio: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_



¿Es esta una nueva dirección? Si No ¿Por cuánto tiempo cree permanecer en esta dirección? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_



¿Cambió de dirección debido a que perdió su casa o problemas económicos? Si No **Si es No, pase a la sección C.**

**Sección B Marque todas las que apliquen:**

 

 Renta Dueño de una Casa Nombre del Hotel /Motel \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Vivienda de Transición\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 

 \_ Nombre del Lugar de Refugio \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Otro: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_



 Viviendo con otra gente: Favor explique \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Nombre del Estudiante: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grado: \_\_\_\_ ID \_\_\_\_\_\_\_\_\_ Maestro: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Escuela: \_\_\_\_\_\_\_\_\_

Nombre del Estudiante: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grado: \_\_\_\_ ID \_\_\_\_\_\_\_\_\_ Maestro: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Escuela: \_\_\_\_\_\_\_\_\_

Nombre del Estudiante: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grado: \_\_\_\_ ID \_\_\_\_\_\_\_\_\_ Maestro: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Escuela: \_\_\_\_\_\_\_\_\_

Nombre del Estudiante: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grado: \_\_\_\_ ID \_\_\_\_\_\_\_\_\_ Maestro: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Escuela: \_\_\_\_\_\_\_\_\_

**Escuela a la que asistió anteriormente:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Ciudad: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Estado: \_\_\_\_\_\_

Por favor marque cualquiera de las siguientes áreas que su familia necesita ayuda en este momento:



Programa de vivienda



Transporte escolar

Programas después de la escuela

Kínder/ programa Head-Start

Asistencia de comida

Artículos higiénicos /

 domestico

Inmunizaciones / registros de salud

Uniformes/materiales

**Sección C**  Declaro que la información proporcionada es verdadera y correcta y de mi propio conocimiento

Firma del Padre o Tutor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fecha: \_\_\_\_\_\_\_\_\_\_\_\_\_

Los derechos de las personas sin hogar se encuentran en nuestro sitio web y en el manual que se entrega a todos los padres al momento de la inscripción o al comienzo del año escolar. Si desea otra copia, pregúntele a la oficina quién podrá ayudarlo.

**School Use Only Please ensure the above has Student ID, Teacher and School for each child in the family.**

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**Para necesidades de inmediato, envíe un formulario por correo electrónico a** McKinneyVentoForms@alhambraesd.org **y llame a Servicios Educativos  al****602-336-3052****.**

**District Use Only** Perm. House Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 School of Special Transportation

 Origin Residence Choice Shared In District Bus Passes

I certify that the above named student qualifies for services under the

provisions of the McKinney-Vento Act.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_

 District McKinney-Vento Liaison Signature Date

 Front Office Binder McKinney Vento School Liaison

 FORM #148 – A SPANISH Rev. 6/19