

Payson Unified School District #10

Student Residency Survey

This form is intended to address the requirements of the McKinney-Vento Act (Title X, Part C of the No Child Left Behind Act). The question below is to assist in determining if the student meets the eligibility criteria for services provided under the McKinney-Vento Homeless Education Act.

Where does the student stay at night?

- In a shelter
- In another location that is not meant for habitation
(For example: an abandoned building)
- In a motel/hotel
- Temporarily with more than one family in a house, mobile home or apartment because the family does not have a place of its own
- In a car
- Other (in an arrangement that is not fixed, regular and adequate and is not described by the other choices)
- At a campsite or in the forest
- None of the above—we live in our own home

Name of school: _____ Grade: _____

Name of student: _____ Student's date of birth: _____

Name of Parent or Guardian: _____

Address: _____ Phone: _____

Primary Home Language: _____

Any children 3, 4 or 5 years old? _____

Is any member of your household a veteran of the U.S. military? _____

At this time is your family in need of assistance in any of the following areas?

- | | | |
|---|--|--|
| <input type="checkbox"/> Immunizations | <input type="checkbox"/> School transportation | <input type="checkbox"/> After-school programs |
| <input type="checkbox"/> School clothes | <input type="checkbox"/> School supplies | <input type="checkbox"/> Preschool/Headstart |

Please check any resources you would like to know more about.

- | | | |
|--|---|--|
| <input type="checkbox"/> Child care | <input type="checkbox"/> KidsCare | <input type="checkbox"/> WIC |
| <input type="checkbox"/> Disability services | <input type="checkbox"/> Health care program | <input type="checkbox"/> Adult education |
| <input type="checkbox"/> Employment programs | <input type="checkbox"/> Domestic violence programs | <input type="checkbox"/> Clothing |
| <input type="checkbox"/> Financial assistance | <input type="checkbox"/> Utility assistance | |
| <input type="checkbox"/> Housing assistance | <input type="checkbox"/> Transportation programs | |
| <input type="checkbox"/> Food assistance/Food Stamps | | |

I do ___/do not___ give my permission to refer my student/family to any of the services listed above.

I declare the information provided here is true and correct and of my own personal knowledge.

Signature of Parent/Guardian: _____ Date: _____

Signature of District McKinney-Vento Liaison _____ Date: _____

School Use Only