**Residency Questionnaire**

The answers to the following questions can help determine the services this learner may be eligible to receive under the McKinney-Vento Act 42 U.S.C. 11435. The McKinney-Vento Act provides services and supports for children and youth experiencing homelessness. Please see reverse side for more information. If you own/rent your own home, you do not need to complete this form.

**If you do not own/rent your own home, please check all that apply below.**

 **In a motel A car, park, campsite, or similar location**

 **In a shelter Transitional Housing**

 **Moving from place to place/couch surfing Other**

 **In someone else’s house or apartment with another family**

 **In a residence with inadequate facilities (no water, heat, electricity, etc,)**

**NAME OF LEARNER(S):**

FIRST MIDDLE LAST

**NAME OF SCHOOL(s): GRADE: BIRTH DATE: / /**

 MONTH DATE YEAR

**GENDER:**

**ADDRESS OF CURRENT RESIDENCE:**

 Learner is unaccompanied (not living with a parent or legal guardian)

 Learner is living with a parent or legal guardian

**PHONE NUMBER OR CONTACT NUMBER: NAME OF CONTACT:**

**PRINT NAME OF PARENT(S)/LEGAL GUARDIAN(S):**

**(Or unaccompanied youth)**

**\*SIGNATURE OF PARENT/LEGAL GUARDIAN: DATE:**

**(Or unaccompanied youth)**

\*I declare under penalty of perjury under the laws of the State of Pennsylvania that the information provided here is true and correct.

IF APPLICABLE, PLEASE RETURN COMPLETED FORM TO YOUR SCHOOL OFFICE. IT WILL BE FORWARDED TO:

**Director of Learner Services: Phone Number:**

**Kathy Perry, D.Ed. 724-694-1401 ext. 1406**

 For School Personnel Only: For data collection purposes and student information system coding

(N) Not Homeless (A) Shelters (B) Doubled-Up (C) Unsheltered (D) Hotels/Motels