

(Please PRINT.)

Completed by : \_\_\_\_\_

Campus: \_\_\_\_\_

Date: \_\_\_\_\_

*Campus Staff ONLY*

# STUDENT RESIDENCY QUESTIONNAIRE

## Part I

Name of Student (1): \_\_\_\_\_ Name of School: \_\_\_\_\_  
*Last First Middle School (Attempting to Enroll)*

Student ID #: \_\_\_\_\_ Grade: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_  
*School ID Number Month/Day/Year*

Please CHECK one:  Reg Ed  Sp Ed  504

**This questionnaire is intended to address the McKinney-Vento Act 42 U.S.C. 11435. The answers to this residency information help determine the services the student may be eligible to receive.**

1. Is your current address a temporary living arrangement? \_\_\_\_\_ Yes \_\_\_\_\_ No

2. Is this temporary living arrangement due to loss of housing or economic hardship? \_\_\_\_\_ Yes \_\_\_\_\_ No

**If you answered YES to all of the above questions, please complete the remainder of this form and begin the Homeless Identification Procedures (FD-R). If you answered NO, you may stop here.**

3. Is the student living in foster care? \_\_\_\_\_ Yes \_\_\_\_\_ No  
*Students residing in foster care do not qualify for McKinney-Vento Services. Foster parents should provide documentation (the 2085 form) verifying their rights to enroll foster students.*

**If you answered YES to question #3, you may stop here. If you answered NO to question #3, please complete the remainder of this form.**

\_\_\_\_\_  
Signature of Parent / Guardian / Unaccompanied Youth

\_\_\_\_\_  
Date

### **CONFIDENTIAL INFORMATION**

*Please provide the following information for the brothers and/or sisters of student 1 who are of school age in FBISD and applying for McKinney-Vento status.*

Student's Name (2) \_\_\_\_\_ School \_\_\_\_\_

Student I.D.# \_\_\_\_\_ Grade \_\_\_\_\_ DOB \_\_\_\_\_ Age \_\_\_\_\_

Please CHECK one:  Reg Ed  Sp Ed  504

Student's Name (3) \_\_\_\_\_ School \_\_\_\_\_

Student I.D.# \_\_\_\_\_ Grade \_\_\_\_\_ DOB \_\_\_\_\_ Age \_\_\_\_\_

Please CHECK one:  Reg Ed  Sp Ed  504

Student's Name (4) \_\_\_\_\_ School \_\_\_\_\_

Student I.D.# \_\_\_\_\_ Grade \_\_\_\_\_ DOB \_\_\_\_\_ Age \_\_\_\_\_

Please CHECK one:  Reg Ed  Sp Ed  504

***\*If additional children need to be added, then please attach a sheet of paper with the appropriate information.***

Please email a copy to the **Homeless Liaison** at the District Office in the **State and Federal Programs Department** to: [jennifer.sowells@fortbendisd.com](mailto:jennifer.sowells@fortbendisd.com).

Submit completed application within 24 hours of enrollment. Thank you!

# Student Residency Questionnaire Part II Homeless Verification



**The information on this form is required to meet the law known as the McKinney-Vento Act 42 U.S.C. 11434a(2), which is also known as Title X, Part C, of the No Child Left Behind Act. The answers you give will help the school determine the services the student may be eligible to receive. To prevent delay in service, please be sure the application is completed in full.**

*Presenting a false record or falsifying records is an offense under Section 37.10, Penal code, and enrollment of the child under false documents subjects the person to liability for tuition or other costs. TEC Sec. 25.002(3)(d).*

Name of Student 1: \_\_\_\_\_ Gender:  Male  Female  
Last                      First                      Middle

Birth Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Grade: \_\_\_\_\_ Age: \_\_\_\_\_ Student ID #: \_\_\_\_\_  
Month / Day / Year

Check the box that best describes with whom the **student(s)** resides.

- Unaccompanied youth
  - Caregiver(s) who are not legal guardian(s) *(Examples: friends, relatives, parents of friends, etc.)*  
 Caregiver Name(s): \_\_\_\_\_  
 (Attach / email the caregiver form and copy of caregiver's ID with McKinney-Vento application.)
- Parent(s) Name(s): \_\_\_\_\_
- Legal Guardians(s) (*Court documented guardian*) Name(s): \_\_\_\_\_

Name of person with whom **student(s)** resides: \_\_\_\_\_

Current Home Address: \_\_\_\_\_ Length of Time at Current Address: \_\_\_\_\_  
(The physical address where you are living now.)

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_ Other Emergency #: \_\_\_\_\_

Previous Home Address: \_\_\_\_\_ Length of Time at Previous Address: \_\_\_\_\_  
(The physical address where you used to live.)

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Name of FBISD school where student is enrolled or in which student is attempting to enroll: \_\_\_\_\_

Last District Attended: \_\_\_\_\_ Last School Attended: \_\_\_\_\_

**Both sections must be completed along with brief explanations.**

**Please check only ONE box that best describes where the student is currently living:**

- Living with family and/or friends temporarily (more than one family living in the house, apartment, etc.)
- In a shelter because I do not have permanent housing (examples: living in a family shelter, domestic violence shelter, children/youth shelter, FEMA housing) **Name of shelter:** \_\_\_\_\_
- In a hotel or motel (examples: because of economic hardship, eviction, cannot get deposits for permanent home, flood, fire, hurricane, etc.) **Name of hotel / motel:** \_\_\_\_\_
- Eviction court (Assigned by court)
- In a tent, car, abandoned building, on the streets, at a campground, in the park, or other unsheltered location
- In my own home or apartment, in Section 8 housing, or in military housing with parent(s), legal guardian(s), or caregiver(s); if you checked this box, please check one or both of the boxes below if applicable:
  - My home has no electricity
  - My home has no running water
- In transitional housing (housing that is available for a specific length of time only and is partly or completely paid for by a church, a nonprofit organization, or another organization).

**Brief explanation:** \_\_\_\_\_

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**Factors contributing to the student's current living situation (check all that apply).**

- |  |   |
|--|---|
| <ul style="list-style-type: none"> <li><input type="checkbox"/> Natural disaster           <ul style="list-style-type: none"> <li><input type="checkbox"/> Tornado, storm, flood, etc.</li> <li><input type="checkbox"/> Hurricane (Name of Hurricane: _____)</li> <li><input type="checkbox"/> Fire</li> </ul> </li> <li><input type="checkbox"/> Family issue (such as: divorce, domestic violence, kicked out by parents, student left home due to family conflict, etc.)</li> <li><input type="checkbox"/> Home issue (such as: lack of electricity, water, heat; overcrowding; home in need of repair or not safe to live in, etc.)</li> <li><input type="checkbox"/> Home fire not due to a natural disaster (i.e. faulty equipment / appliances / wiring, heater, stove, fireplace, etc.)</li> <li><input type="checkbox"/> Death of parent(s)</li> </ul> | <ul style="list-style-type: none"> <li><input type="checkbox"/> Economic hardship           <ul style="list-style-type: none"> <li><input type="checkbox"/> Loss of job (resulting in inability to pay rent/mortgage)</li> <li><input type="checkbox"/> Income does not cover the cost of housing</li> <li><input type="checkbox"/> Foreclosure on mortgage</li> <li><input type="checkbox"/> Evicted</li> <li><input type="checkbox"/> Unable to pay rental or utility deposits</li> </ul> </li> <li><input type="checkbox"/> Parent or guardian in jail</li> <li><input type="checkbox"/> Parent unable to provide adequate or stable housing due to health, mental health, drugs/alcohol, or other factors</li> <li><input type="checkbox"/> Military (parent / guardian deployed, injured or killed in action)</li> <li><input type="checkbox"/> Other</li> </ul> |
|--|---|

**Brief explanation:** \_\_\_\_\_

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\_\_\_\_\_  
**Signature of Parent / Guardian / Unaccompanied Youth**

\_\_\_\_\_  
**Date**



**McKinney – Vento  
STUDENT SERVICES QUESTIONNAIRE  
FORT BEND INDEPENDENT SCHOOL DISTRICT  
SUGAR LAND, TEXAS**

Dear Parent:

The **McKinney-Vento Homeless Education Assistance Improvement Act** was enacted to ensure that homeless children and youths have access to the same public educational opportunities that non-homeless students enjoy. In order to better serve the needs of our students and their families, Fort Bend I.S.D. is attempting to identify homeless children and youths within its boundaries. By answering the questions below, we will be able to provide the appropriate services to those families in need of assistance:

Parent / Guardian / Unaccompanied Youth’s Name \_\_\_\_\_  
*(Please print.)*

\_\_\_\_\_  
**Signature of Parent / Guardian / Unaccompanied Youth**

\_\_\_\_\_  
**Date**

*This form is to be completed with the assistance of a School Counselor or Social Worker.*

**Social Work Service Referrals**

**SCHOOL REFERRALS (in need of:)**

- School supplies
- School Support
- Currently receiving service
- Reduced or Free Lunch (notify Homeless Liaison/send copy of this questionnaire)  
**Note:** If the child has been verified as homeless, then he/she qualifies for child nutrition.
- Transportation (notify Homeless Liaison/send copy of this questionnaire)

**COMMUNITY SERVICES (currently receiving:)**

- Counseling
- Clothing
- Housing assistance & information
- Immunizations
- Food pantries
- Daycare
- Homeless shelter

*Campus Staff ONLY (check one)*

Regular Transportation

Special Education Transportation

(Scan and email the ARD paperwork with request.)

Please email a copy to Jennifer Sowell at [Jennifer.Sowell@fortbendisd.com](mailto:Jennifer.Sowell@fortbendisd.com).

**School of  
Origin  
ONLY**

**Bus Transportation Request Form  
FORT BEND INDEPENDENT SCHOOL DISTRICT  
HOMELESS TRANSPORTATION REQUEST FORM**

Please complete the information below. We ask that you verify the student's homeless status first and whether or not he/she is within the walk zone before making this submission. This form should be completed by the Registrar/ADA Clerk. Provide a copy of this document to the parent or unaccompanied youth, campus counselor, and submit the request for transportation for the student(s) to the Fort Bend ISD Homeless Liaison by emailing it to Jennifer Sowell at [Jennifer.Sowell@fortbendisd.com](mailto:Jennifer.Sowell@fortbendisd.com) in State and Federal Programs.

STUDENT'S NAME (1) \_\_\_\_\_ GRADE \_\_\_\_\_

PARENT'S/GUARDIAN'S NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE # \_\_\_\_\_ ALTERNATE PHONE # \_\_\_\_\_

CAMPUS \_\_\_\_\_ STUDENT ID# \_\_\_\_\_

Student's Name (2)	Grade	Campus	ID#
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Student's Name (3)	Grade	Campus	ID#
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Student's Name (4)	Grade	Campus	ID#
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*\*If additional space is needed, then please attach a sheet of paper with the appropriate information.*

**REMINDER!**

*Note to Parents:* It may take time to establish a transportation route, but once the form is received it will be processed and forwarded to the appropriate transportation supervisor. You will be contacted by a supervisor regarding pickup and drop-off times. **Service will be terminated after the second occurrence of the failure to contact transportation about an inability to make an arranged pickup.** Your cooperation in this matter is deeply appreciated!

\_\_\_\_\_  
Signature of Parent / Guardian / Unaccompanied Youth

\_\_\_\_\_  
Date

FORT BEND ISD CONTACT NUMBERS

Lake Olympia Transportation Dept. (281) 634-1930 and Hodges Bend Transportation Dept. (281) 634-1970  
Fort Bend ISD Homeless Liaison (281) 634-1134

**If a student resides within the home campus attendance boundary then regular busing rules apply.**



STUDENT (1)	_____	ID#	_____	CAMPUS	_____
STUDENT (2)	_____	ID#	_____	CAMPUS	_____
STUDENT (3)	_____	ID#	_____	CAMPUS	_____
STUDENT (4)	_____	ID#	_____	CAMPUS	_____

## Signature Page / Receipt of Rights

STUDENT'S NAME (1) \_\_\_\_\_ STUDENT ID# \_\_\_\_\_

CAMPUS \_\_\_\_\_

### McKINNEY-VENTO HOMELESS CHILDREN & YOUTH RIGHTS DOCUMENTS SIGNATURE PAGE

In meeting the requirements of the **McKinney-Vento Homeless Assistance Act**, parents and unaccompanied youth are required by law to receive a copy of their rights annually. Have parents sign for receipt of the *Fort Bend ISD Public Notice of Education Rights of Homeless Children and Youth* at the beginning of the school year.

\_\_\_\_\_  
Signature of Parent / Guardian / Unaccompanied Youth

\_\_\_\_\_  
Date Received

### 2<sup>nd</sup> SEMESTER COMMUNICATION OF RIGHTS

\_\_\_\_\_  
DATE                                      TIME                                      PHONE #                                      PERSON OF CONTACT

**\* A copy of homeless rights must be provided even if a parent or unaccompanied youth indicates that they are no longer homeless. Indicate the change in homeless status by checking the box, signing and dating on the line below.**

I am no longer homeless. *(Please check the box and sign below if no longer homeless.)*

\_\_\_\_\_  
Signature of Parent / Guardian / Unaccompanied Youth

\_\_\_\_\_  
Date

# INFORMATION FOR PARENTS



## IF YOUR FAMILY LIVES IN ANY OF THE FOLLOWING SITUATIONS:

In a shelter

In a motel or campground due to the lack of an alternative adequate accommodation

In a car, park, abandoned building, or bus or train station

Doubled up with other people due to loss of housing or economic hardship

*Your school-age children may qualify for certain rights and protections under the federal McKinney-Vento Act.*

### Your eligible children have the right to:

- Receive a free, appropriate public education.
- Enroll in school immediately, even if lacking documents normally required for enrollment.
- Enroll in school and attend classes while the school gathers needed documents.
- Enroll in the local school; or continue attending their school of origin (the school they attended when permanently housed or the school in which they were last enrolled), if that is your preference.
  - \* If the school district believes that the school you select is not in the best interest of your children, then the district must provide you with a written explanation of its position and inform you of your right to appeal its decision.
- Receive transportation to and from the school of origin, if you request this.
- Receive educational services comparable to those provided to other students, according to your children's needs.

*If you believe your children may be eligible, contact the local liaison to find out what services and supports may be available. There also may be supports available for your preschool-age children.*



**Local Liaison**  
Jennifer Sowells  
281-634-1134

**State Coordinator**  
Jeanne Stamp  
512-475-6898

If you need further assistance with your children's educational needs,  
contact the National Center for Homeless Education:  
1-800-308-2145 \* [homeless@serve.org](mailto:homeless@serve.org) \* <http://nche.ed.gov>

# INFORMATION FOR SCHOOL-AGE YOUTH



## IF YOU LIVE IN ANY OF THE FOLLOWING SITUATIONS:

In a shelter



In a motel or campground due to the lack of an alternative adequate accommodation



In a car, park, abandoned building, or bus or train station



Doubled up with other people due to loss of housing or economic hardship

*You may qualify for certain rights and protections under the federal McKinney-Vento Act.*

### Eligible students have the right to:

- Receive a free, appropriate public education.
- Enroll in school immediately, even if lacking documents normally required for enrollment.
- Enroll in school and attend classes while the school gathers needed documents.
- Enroll in the local school; or continue attending their school of origin (the school they attended when permanently housed or the school in which they were last enrolled), if that is their preference.
  - \* If the school district believes that the school selected is not in his/her best interest, then the district must provide the student with a written explanation of its position and inform the student of his/her right to appeal its decision.
- Receive transportation to and from the school of origin, if requested.
- Receive educational services comparable to those provided to other students, according to the students' needs.

*If you believe you may be eligible, contact the local liaison to find out what services and supports may be available.*



**Local Liaison**  
Jennifer Sowells  
281-634-1134

**State Coordinator**  
Jeanne Stamp  
512-475-6898

If you need further assistance with your educational needs,  
contact the National Center for Homeless Education:  
1-800-308-2145 \* [homeless@serve.org](mailto:homeless@serve.org) \* <http://nche.ed.gov>

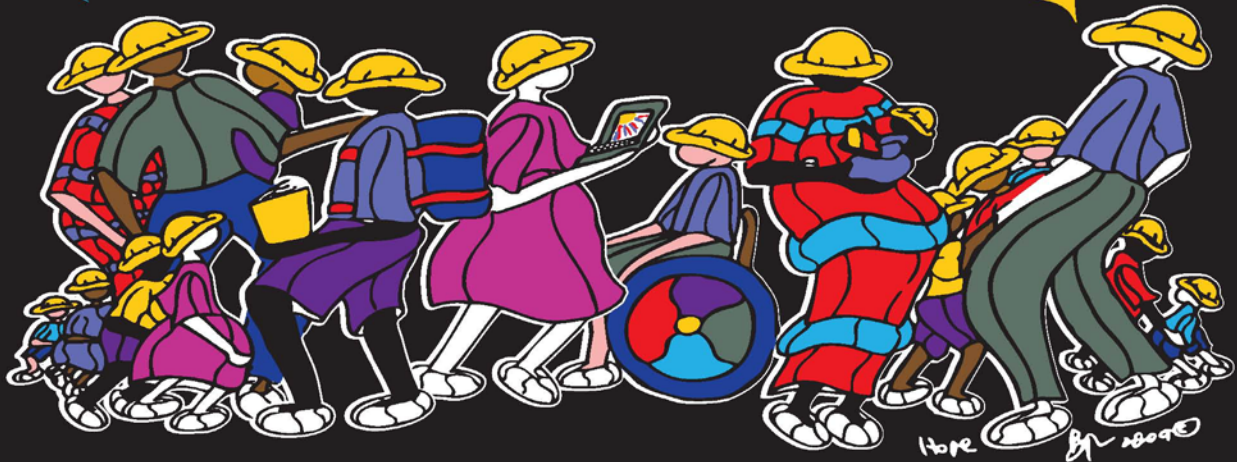


**Is your residence or housing uncertain?**

**Do you lack a permanent physical address?**

**Do you live at a temporary address?**

**You Can Still Enroll in School!**



**The Federal McKinney-Vento Act and Texas State Law guarantee that you can enroll in school if you live:**

in a shelter (family shelter, domestic violence shelter, youth shelter, or transitional living program);

in a motel, hotel, or weekly-rate housing;

in a house or an apartment with more than one family because of economic hardship or loss;

in an abandoned building or a car, at a campground, or on the street;

in temporary foster care or with an adult who is not your parent or legal guardian;

in substandard housing (no electricity, no water, and/or no heat); or

with friends or family because you are a runaway or unaccompanied youth.

**If you live in one of these situations, you do not need to provide:**

proof of residency;

immunization records or a TB skin test result;

birth certificate;

school records; or

legal guardianship papers

**to enroll in school.**

**You may also:**

continue to attend the school in which you were last enrolled, even if you have moved away from that school's attendance zone or district;

receive transportation from your current residence back to your school of origin;

qualify automatically for Child Nutrition Programs (Free and Reduced-Price Lunch and other district food programs);

participate fully in all school activities and programs for which you are eligible; and

contact the district liaison to resolve any disputes that arise during the enrollment process.

If you have questions about enrolling in school or need assistance with enrolling in school, contact:

**Your Local School District Liaison:**

**Jennifer Sowell**  
Fort Bend ISD  
281-634-1134

**800.446.3142**



**TEXAS HOMELESS EDUCATION OFFICE**

The University of Texas at Austin | Charles A. Dana Center  
2901 North IH 35, Room 2.220 | Austin, Texas 78722

[www.utdanacenter.org/theo](http://www.utdanacenter.org/theo)