

(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 |
| <i>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.</i> |                                       |     |    |

**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

Parent / Guardian / Unaccompanied Youth Email: \_\_\_\_\_

### **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 the completed application to your student's **campus counselor**. The campus will forward it to the district Homeless Liaison for review.

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: \_\_\_\_\_

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

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

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

**Student's Previous Home Address:** \_\_\_\_\_ **Student's 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 due to an **urgent measure** (more than one family living in the house, apartment, etc.)

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 In a tent, car, abandoned building, on the streets, at a campground, in the park, or other unsheltered location  
 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).

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 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:** \_\_\_\_\_

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 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:** \_\_\_\_\_

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 In my own home or apartment that **has no electricity and / or no running water**, or in military housing, with parent(s), legal guardian(s), or caregiver(s).

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

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

- Natural disaster (**MUST** select other factors)
  - Tornado, storm, flood, etc.
  - Hurricane (Name of Hurricane: \_\_\_\_\_)
  - Fire
  - Pandemic: (Name of Pandemic: \_\_\_\_\_)

- Economic hardship
  - Loss of job (resulting in inability to pay rent/mortgage)
  - Income does not cover the cost of housing
  - Foreclosure on mortgage
  - Evicted / Eviction Court (assigned by court)
  - Unable to pay rental or utility deposits

Family issue (such as: divorce, domestic violence, kicked out by parents, student left home due to family conflict, etc.)

Parent or guardian in jail

Home issue (such as: lack of electricity, water, heat; overcrowding; home in need of repair or not safe to live in, etc.)

Parent unable to provide adequate or stable housing due to health, mental health, drugs/alcohol, or other factors

Home fire not due to a natural disaster (i.e. faulty equipment / appliances / wiring, heater, stove, fireplace, etc.)

Military (parent / guardian deployed, injured or killed in action)

Death of parent(s)

Other: \_\_\_\_\_

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

\_\_\_\_\_  
**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

Parent / Guardian / Unaccompanied Youth Email:

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
Hygiene Kit
School Support
Mental Health Counseling (must complete page 5 for services)
Extended Learning Program (before / after school care)
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)
Laptop / Hotspot (Lending Library - devices loaned by campus library)

COMMUNITY SERVICES (in need of information for or currently receiving:)

- Clothing Counseling
Housing assistance Healthcare
Immunizations Dental Services
Food pantries Mental Health Services
Daycare Substance Abuse
Homeless shelter

# Consent to Refer for Mental Health Services

Once this consent form is submitted, your student will be referred to a FBISD mental health partner/provider for counseling.

Your student’s school counselor will initiate a referral for services to one of the following partners/providers:

- Clearhope Counseling
- FBISD Mental Health Counselor
- Invocare IMPACT
- Sugar Land Counseling
- TCHAT

You will then be contacted by the mental health partner/provider regarding next steps.

In the event you wish to revoke your consent for this referral, change your answers after submitting this form, or have any questions or concerns, please contact your student’s school counselor.

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## Mental Health Services Request

*\*Required*

1. Student Name \* (legal name) \_\_\_\_\_  

First
Last
2. Student ID Number \* \_\_\_\_\_
3. Campus Name \* \_\_\_\_\_
4. I authorize FBISD to refer my student for Mental Health Services with a FBISD community mental health partner / provider. \*
 

YES
NO (If selected, a referral will not be made).
5. I authorize the exchange of information between FBISD and the community mental health partner. Information that will be shared: student name, student ID number, reason for referral, dates of services and funding source. \*
 

YES
NO
6. Name of Parent or Legal Guardian \* \_\_\_\_\_
7. Parent or Legal Guardian Email (in Skyward) \* \_\_\_\_\_
8. I am the student’s parent or legal guardian. \*
 

YES	NO
-----	----

\_\_\_\_\_  
**Signature of Parent / Legal Guardian \***

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



Campus Staff ONLY (check one)

Regular Transportation

Special Education Transportation

(Scan and email the ARD paperwork with request.)

Please email a copy to your student's campus counselor.

**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) by emailing it to your campus counselor so it can be forwarded to the Fort Bend ISD Homeless Liaison.

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

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

ADDRESS \_\_\_\_\_

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

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

PARENT / GUARDIAN EMAIL: \_\_\_\_\_

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

Student's Name (2) \_\_\_\_\_ Grade \_\_\_\_\_ Campus \_\_\_\_\_ ID# \_\_\_\_\_

Student's Name (3) \_\_\_\_\_ Grade \_\_\_\_\_ Campus \_\_\_\_\_ ID# \_\_\_\_\_

Student's Name (4) \_\_\_\_\_ Grade \_\_\_\_\_ Campus \_\_\_\_\_ ID# \_\_\_\_\_

*\*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 of School-Age Youth



### If your family lives in any of the following situations:



A Homeless Shelter



Doubled-up with other people



Car, park, empty building, bus or train station



Motel or campground

### Your eligible children have the right to:

- Receive a free, appropriate public education.
- Enroll in the local school; or continue attending their school of origin if that is your preference.
- Enroll in school immediately, even if lacking documents normally required for enrollment.
- Receive transportation to and from the school of origin, if requested.
- Enroll in school and attend classes while the school gathers needed documents.
- 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 listed below to find out what services and supports may be available. There also may be supports available for your preschool-age children.

#### IF THE SCHOOL DISTRICT BELIEVES...

that the school you selected is not in the best interest of your children, the district must provide you with a written explanation of its position and inform you of your right to appeal its decision.

Local Liaison

FBISD Liaison  
281-634-1134



Texas Education for Homeless Children  
and Youth Support Center  
1 800 446 3142 | [tehcy.tea.texas.gov](http://tehcy.tea.texas.gov)



**Information for School-Age Youth**



**🏠 If you live in any of the following situations:**



A Homeless Shelter



Doubled-up with other people



Car, park, empty building, bus or train station



Motel or campground

**📖 Eligible students have the right to:**

- ✔ Receive a free, appropriate public education.
- ✔ Enroll in the local school; or continue attending their school of origin if that is your preference.
- ✔ Enroll in school immediately, even if lacking documents normally required for enrollment.
- ✔ Receive transportation to and from the school of origin, if requested.
- ✔ Enroll in school and attend classes while the school gathers needed documents.
- ✔ Receive educational services comparable to those provided to other students, according to the student's needs.

**IF YOU BELIEVE...**

you may be eligible, contact the local liaison listed below to find out what services and supports may be available.

**IF THE SCHOOL DISTRICT BELIEVES...**

that the school you selected is not in your best interest, the district must provide you with a written explanation of its position and inform you of your right to appeal its decision.

Local Liaison

FBISD Liaison  
281-634-1134



Texas Education for Homeless Children and Youth Support Center  
1 800 446 3142 | [tehcy.tea.texas.gov](http://tehcy.tea.texas.gov)