| _ | | | |
|----|-----|------|-----|
| 71 | 173 | 3-24 | . М |
| | | | |

| (Please PRINT.) | | | |
|-----------------|-------------------|---------|-------|
| Completed by: | | Campus: | Date: |
| 1 3 | Campus Staff ONLY | | |

STUDENT RESIDENCY QUESTIONNAIRE Part I

| | Name of Student (1): | | | Name of Sch | | | hool: | |
|--|--|--|---|---|---|------------------|---|--|
| | | Last | | First | Middle | | School (Attempting to Enro. | |
| Stude | nt ID #: | School ID Nur | mher | Grade: | DOB: | Ionth/Day/Year | _ Age: | |
| Please | CHECK one: | Reg | | Sp Ed | 504 | , 2 u), . ca. | | |
| - | | | | | - | | 1435. The answers eligible to receive. | |
| 1. | Is your curre | ent address | a tempora | ry living arran | gement? | Yes | No | |
| 2. | Is this tempor | | arrangeme | ent due to loss | of housing | Yes | No | |
| | | | | | s, please complete D-R). If you answ | | der of this form and u may stop here. | |
| 3. | Is the studer | nt living in f | oster care | ? | | Yes | No | |
| J. | Students residii | ng in foster ca | re do not qu | alify for McKinney | /-Vento Services. Foster | parents should p | provide documentation (the | |
| | 2003 101111) 101 | nymg then mg | res to emon | foster students. | | | | |
| P | • | | uei oi tiii | is form. | | | | |
| | <u>.</u> | | | | | | | |
| Signatu | re of Parent | / Guardian | / Unaccom | npanied Youth | | Date | | |
| Signatu | re of Parent | / Guardian | / Unaccom | npanied Youth | | | | |
| Signatu Parent CONF Please pr Vento sta | ure of Parent / Guardian / IDENTIAL Provide the followin | / Guardian Unaccompa INFORMA | / Unaccominied Youth | npanied Youth h Email: | student 1 who are of schoo | | nd applying for McKinney- | |
| Signatu Parent CONF Please pr Vento sta | Jure of Parent / Guardian / IDENTIAL rovide the following tus. s Name (2) | / Guardian Unaccompa INFORMA | / Unaccominied Youth | npanied Youth h Email: | student 1 who are of school | | nd applying for McKinney- | |
| Signatu Parent CONF Please pr Vento sta Student | Jure of Parent / Guardian / IDENTIAL rovide the following tus. s Name (2) | / Guardian Unaccompa INFORMA | / Unaccominied Youth | npanied Youth h Email: rs and/or sisters of | student 1 who are of school | l age in FBISD a | | |
| Signatu Parent CONF Please pi Vento sta Student Student Please Cl | JUP OF Parent / Guardian / IDENTIAL rovide the following tus. s Name (2) I.D.# | / Guardian Unaccompa INFORMA Ing information f | / Unaccominied Youth TION Tor the brother | npanied Youth h Email: rs and/or sisters of Grade | student 1 who are of schoolSchoolDOB | l age in FBISD a | | |
| CONF Please pr Vento sta Student Please Cl Student | IDENTIAL rovide the following tus. s Name (2) I.D.# HECK one: | / Guardian Unaccompa INFORMA Ing information f | / Unaccominied Youth TION Tor the brother | npanied Youth h Email: rs and/or sisters of Grade | student 1 who are of schoolSchoolDOBSchool | l age in FBISD a | Age | |
| Signatu Parent CONF Please pr Vento sta Student Student Student Student Student | JUDENTIAL TOURISH (1) TOURISH (2) HECK one: S Name (3) | / Guardian Unaccompa INFORMA Ing information f | / Unaccominied Youth TION Tor the brother | npanied Youth h Email: rs and/or sisters of gade 504 | student 1 who are of schoolSchoolDOBSchool | l age in FBISD a | Age | |
| CONF Please pr Vento sta Student' Student Please Cl Student Student Please Cl | TIDENTIAL TOUTH T | / Guardian Unaccompa INFORMA Information f Reg Ed Reg Ed | / Unaccominied Youth | npanied Youth h Email: rs and/or sisters of Grade 504 Grade | student 1 who are of school School DOB School DOB | l age in FBISD a | Age | |
| CONF Please pr Vento sta Student Student Please Cl Student Student Student Student Student | TIDENTIAL TOUTOUT TOUT TOUT TOUT TOUT TOUT TOUT T | / Guardian Unaccompa INFORMA Information f Reg Ed Reg Ed | / Unaccominied Youth | npanied Youth h Email: rs and/or sisters of Grade 504 Grade 504 | SchoolSchoolSchoolSchoolSchool | l age in FBISD a | Age | |

 $[\]overline{*If}$ additional children need to be added, then please attach a sheet of paper with the appropriate information.



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).

| Last First Middle | Name of Student 1: | | | Gender: Male Female |
|--|--|----------------------------|----------------------------|--|
| 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: Student's Length of Time at Previous Address: The physical address where you used to live.) Student's Length of Time at Previous Address: Student's Length of Time at Previous 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: | | | Middle | |
| 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): Legal Guardians(s) (Court documented guardian) Name(s): Student's Current Home Address: Student's Length of Time at Current Address: The physical address where you are living now.) City: State: Student's Length of Time at Previous Address: The physical address where you used to live.) City: State: 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: | | Grade: | Age: | Student ID #: |
| Unaccompanied youth Caregiver(s) who are not legal guardian(s) (Examples: friends, relatives, parents of friends, etc.) Caregiver Name(s): | Month / Day / Year | | | |
| Caregiver(s) who are not legal guardian(s) (Examples: friends, relatives, parents of friends, etc.) Caregiver Name(s): | Check the box that best describes with | whom the student(s) | resides. | |
| Caregiver Name(s): | Unaccompanied youth | | | |
| (Attach / email the caregiver form and copy of caregiver's ID with McKinney-Vento application.) Parent(s) Name(s): | Caregiver(s) who are no | ot legal guardian(s) (E. | xamples: friends, relativ | es, parents of friends, etc.) |
| Parent(s) Name(s): | Caregiver Name(s) | : | | |
| Legal Guardians(s) (Court documented guardian) Name(s): | (Attach / email the o | caregiver form and copy | y of caregiver's ID with I | McKinney-Vento application.) |
| Name of person with whom student(s) resides: Student's Current Home Address: The physical address where you are living now.) City: State: Cell Phone #: Other Emergency #: Student's Length of Time at Current Address: Home Phone #: Student's Previous Home Address: Student's Previous Home Address: The physical address where you used to live.) City: State: Student's Length of Time at Previous Address: The physical address where you used to live.) City: State: Student's Length of Time at Previous Address: The physical address where you used to live.) | Parent(s) Name(s): | | | |
| Student's Current Home Address: The physical address where you are living now.) City: State: Cell Phone #: Other Emergency #: Student's Previous Home Address: The physical address where you used to live.) City: Student's Previous Home Address: Student's Length of Time at Previous Address: City: State: Student's Length of Time at Previous Address: The physical address where you used to live.) City: State: State: Zip: Name of FBISD school where student is enrolled or in which student is attempting to enroll: | Legal Guardians(s) (Court de | ocumented guardian) | Name(s): | |
| Student's Current Home Address: The physical address where you are living now.) City: State: Cell Phone #: Other Emergency #: Student's Previous Home Address: The physical address where you used to live.) City: Student's Previous Home Address: Student's Length of Time at Previous Address: City: State: Student's Length of Time at Previous Address: The physical address where you used to live.) City: State: State: Zip: Name of FBISD school where student is enrolled or in which student is attempting to enroll: | Name of person with whom student(s) r | resides: | | |
| Home 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: Zip: Name of FBISD school where student is enrolled or in which student is attempting to enroll: | | | | |
| 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: | City: | | State: | Zip: |
| City: State: Zip: Name of FBISD school where student is enrolled or in which student is attempting to enroll: | Home Phone #: | Cell Phone #: | | Other Emergency #: |
| Name of FBISD school where student is enrolled or in which student is attempting to enroll: | Student's Previous Home Address:(The physical address where you used to live.) | | Student | 's Length of Time at Previous Address: |
| | City: | | State: | Zip: |
| | Name of FBISD school where student | is enrolled or in which | h student is attempting | to enroll: |
| Last District Attended: Last School Attended: | | | | |

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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.) 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). 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: 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 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) Economic hardship Loss of job (resulting in inability to pay rent/mortgage) Tornado, storm, flood, etc. Hurricane (Name of Hurricane: Income does not cover the cost of housing Foreclosure on mortgage Pandemic: (Name of Pandemic: _____) 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 Parent or guardian in jail conflict, etc.) Parent unable to provide adequate or stable housing Home issue (such as: lack of electricity, water, heat; overcrowding; home in need of repair or not safe to live due to health, mental health, drugs/alcohol, or other Home fire not due to a natural disaster (i.e. faulty Military (parent / guardian deployed, injured or killed in equipment / appliances / wiring, heater, stove, fireplace, etc.) action) Death of parent(s) Other: **Brief explanation:**

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Date

Signature of Parent / Guardian / Unaccompanied Youth



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 | | |
|--|------|--|
| 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 (counselor / social worker will follow up)

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

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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.

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

School of Origin ONLY

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 parent. Provide a copy of this document to the registrar / 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 # | AL | TERNATE PHONE #_ | | |
| PARENT / GUARDIAN EMAIL: | | | | |
| CAMPUS | | STUDENT ID# | | |
| Student's Name (2) | Grade | Campus | ID# | |
| Student's Name (3) | Grade | Campus | <u>ID</u> # | |
| Student's Name (4) | Grade | Campus | | |
| *If additional space is needed, then pleas | e attach a sheet of paper v | vith the appropriate infor | mation. | |
| Note to Parents: It may take time to esta and forwarded to the appropriate transportant drop-off times. Service will be term about an inability to make an arrange | ortation supervisor. You inated after the second o | te, but once the form is rewill be contacted by a securrence of the failure | upervisor regarding pickupe to contact transportation | |
| Signature of Parent / Guardian / Unacco | ompanied Youth | Date | e | |
| FC | ORT BEND ISD CONTAC | T 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.

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| INSPIRE • EQUIP • IM AGINE | | |
|--|---------------------|--|
| STUDENT (1) | ID# | CAMPUS |
| STUDENT (2) | ID# | CAMPUS |
| STUDENT (3) | ID# | CAMPUS |
| STUDENT (4) | ID# | CAMPUS |
| STUDENT'S NAME (1) CAMPUS McKINNEY-VENTO H In meeting the requirements of the are required by law to receive a company of the strength of the | | STUDENT ID# |
| Signature of Parent / Guardian / | Unaccompanied Youth | Date Received |
| 2 nd SEMESTER COMMUNIC | ATION OF RIGHTS | |
| DATE | ME PHONE # | PERSON OF CONTACT |
| are no longer homeless. Indicathe line below. | - | accompanied youth indicates that they hecking the box, signing and dating on omeless.) |

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Date

Signature of Parent / Guardian / Unaccompanied Youth



McKinney Vento Homeless Children & Youth Rights

Information for Parents of School-Age Youth





If your family lives in any of the following situations:









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 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 if that is your preference.
- Receive transportation to and from the school of origin, if requested.
- 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

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McKinney Vento Homeless Children & Youth Rights

Information for School-Age Youth





If you live in any of the following situations:









Motel or campground



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 if that is your preference.
- ▼ Receive transportation to and from the school of origin, if requested.
- 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

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