Early Childhood Student Residency Questionnaire

Dear Parent or Guardian,

Your re	sponses to these questions will help staff determine what addit	ional services ma	y be available for your family.
1.	Enrolling student's name	Gender	Birth date
2.	Person completing form	Relationship to	child
3. In what type of setting is the child living now? Check one box below:			
	Section A		Section B
 □ In an emergency or transitional shelter. □ Doubled-up" or sharing the housing of other persons due to loss of housing, economic hardship, or other reason. □ In a motel, hotel, or campground due to lack of alternative, adequate accommodations. □ In a car, park, abandoned building, substandard housing, public space, bus or train stations, or similar setting □ Other places not designated for, or ordinarily used as, regular sleeping accommodations for human beings. 		 □ None of the choices in SECTION A apply. □ In a rented apartment or home. □ In a building purchased by parent or legal guardian (apartment, house or other similar setting). 	
CONTINUE TO THE QUESTIONS BELOW if you checked a box in section A		If you checked SECTION B, you do not have to complete questions 3-5.	
4.	What event caused you to live in this situation? ☐ Eviction ☐ Act of Nature (fire, flood, hurricane, tornado, etc.) ☐ Parent/ Guardian Incarceration ☐ Loss of job/ income ☐ Other (please specify):		
5.	The child lives with: □ Parent or legal guardian □ Relative or friend □ Another Adult: □ Other (Please specify):		
6.	Name, birthdate and school district (if applicable) of other children (not enrolling) in the household		
7.	Would you like someone to contact you regarding community resources? ☐ Yes ☐ No If yes, please list your phone number or email address		
	Signature of Parent/ Legal Guardian:		Date: