**Residency Form**

Your answers will help determine if the child/youth meets eligibility requirements for services under the McKinney-Vento Act.

**List all of your children birth through age 21.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name of Child/Youth | School/Program | Age | Grade/ Early Childhood Level | Date of Birth |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

Parent/Guardian \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Zip Code \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please choose which of the following situations the child or youth currently lives in (you can choose more than one):**

\_\_\_\_\_ Motel, car, or campsite

\_\_\_\_\_ Shelter or other temporary housing

\_\_\_\_\_ With friends or family members (other than or in addition to parent/guardian)

\_\_\_\_\_ Living in inadequate housing (no heat, no water, mold infested, etc.)

\_\_\_\_\_ House or apartment with parent

\_\_\_\_\_ House or apartment with legal or court-appointed guardian

**If you are living in shared housing, please check all of the following reasons that apply:**

\_\_\_\_\_ Loss of housing

\_\_\_\_\_ Economic situation

\_\_\_\_\_ Temporarily waiting for house or apartment

\_\_\_\_\_ Provide care for a family member

\_\_\_\_\_ Living with boyfriend/girlfriend

\_\_\_\_\_ Loss of employment

\_\_\_\_\_ Parent/Guardian is deployed

\_\_\_\_\_ Other (Please explain)

Are you a child or youth living apart from your parents or guardians?

Yes No

**Housing and Educational Rights**

Students without fixed, regular, and adequate nighttime residences have the following rights:

1. Immediate enrollment in the school they last attended or the local school where they are currently staying even if they do not have all of the documents normally required at the time of enrollment without fear of being separated or treated differently due to their housing situations;
2. Transportation to the school of origin for the regular school day;
3. Access to free meals, Title I and other educational programs, and transportation to extra-curricular activities to the same extent that it is offered to other students.

Any questions about these rights can be directed to the local McKinney-Vento liaison at

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, or the State Coordinator at 501-683-5428.

*Arkansas law provides that anyone who knowingly gives a false residential address for purposes of public school enrollment is guilty of a violation and subject to a fine of up to $1,000 (Ark. Code Ann. § 6-18-202(f)).*

By signing below, I acknowledge that I have received and understand the above rights.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Signature of Parent/Guardian/Unattached Youth Date*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Signature of McKinney-Vento Liaison Date*

**Services for McKinney-Vento Identified Students**

Student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Grade \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please check the services needed or desired:

\_\_\_ Immunization/medical records

\_\_\_ Tutoring

\_\_\_ After-school programs

\_\_\_ Teen Center

\_\_\_ Mentoring

\_\_\_ Special Education

\_\_\_ Gifted/talented

\_\_\_ Vocational/technical

\_\_\_ Community resource

\_\_\_ Prior academic records

\_\_\_ LEP/Bilingual program

\_\_\_ Guardianship issues

­­­­­­­­­­­­­\_\_\_Early Head Start or Head Start

\_\_\_ Transportation to the school of origin

\_\_\_ Clothing/Uniform

\_\_\_ School supplies

\_\_\_ Counseling

\_\_\_ Medical/dental referral

\_\_\_ Vision referral

\_\_\_ Medicaid/DSHS services – food stamps

\_\_\_ Preschool Enrollment records

\_\_\_ Missing enrollment records

\_\_\_ Birth certificate

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Signature of Parent/Guardian/Unattached Youth Date*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Signature of McKinney-Vento Liaison Date*