

HOUSING QUESTIONNAIRE FORM

INSTRUCTIONS: The Federal McKinney-Vento Act requires this form to be completed for all new students. List up to three (3) students below in the same housing situation. Use additional copies for more than three (3) students. **PLEASE PRINT CLEARLY.**

A. STUDENT INFORMATION					
Student Name	Date of Birth	Ethnicity	School Entering	Grade	Gender
		<input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> Hispanic <input type="checkbox"/> Black & White <input type="checkbox"/> American Indian <input type="checkbox"/> Alaska Native			<input type="checkbox"/> M <input type="checkbox"/> F
		<input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> Hispanic <input type="checkbox"/> Black & White <input type="checkbox"/> American Indian <input type="checkbox"/> Alaska Native			<input type="checkbox"/> M <input type="checkbox"/> F
		<input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> Hispanic <input type="checkbox"/> Black & White <input type="checkbox"/> American Indian <input type="checkbox"/> Alaska Native			<input type="checkbox"/> M <input type="checkbox"/> F

B. ADDRESS INFORMATION					
Current Address					
	STREET ADDRESS	CITY	STATE	ZIP	PHONE
Previous Address					
	STREET ADDRESS	CITY	STATE	ZIP	
Previous School District					
	SCHOOL NAME	CITY	STATE	ZIP	PHONE

The answers you give below will help the district determine what services you or your child may be able to receive under the McKinney-Vento Act. Students who are protected under the McKinney-Vento Act are entitled to immediate enrollment in school even if they don't have the documents normally needed, such as proof of residency, school records, immunization records, or birth certificate. Students who are protected under the McKinney-Vento Act may also be entitled to free transportation and other services.

Where are student(s) currently living? (please check only one)

- In Permanent Housing
- With another family due to loss of housing (doubled-up)
- In a shelter
- In a car, park, bus, train, or campsite
- In a hotel/motel
- Other temporary living situation (Please describe): _____

Who do the student(s) live with? (please check only one)

- Both Parents
- One Parent
- One Parent and another adult
- A Relative
- Adult who is not parent or legal guardian
- Alone with no adults

Print name of Parent, Guardian, or Student if unaccompanied youth

Signature of Parent, Guardian, or Student if unaccompanied youth

Date: _____

Please complete lines 7, 12, & 13 of the STAC 202 Form

If **ANY box other than "In Permanent Housing" is checked**, then the student/family should be immediately referred to the MV Liaison. In such cases, **proof of residency** and other documents normally needed for enrollment **are not required** and the student is to be immediately enrolled. **After** the student has been enrolled, the school must contact the previous district/school attended to request student's records, including immunization records, and the enrolling district's LEA liaison must help the student get any other necessary documents or immunizations.

NOTE TO SCHOOLS/LEAS: If the student is **NOT** living in permanent housing, please ensure lines 7,12, and 13 only of the STAC 202 Designation Form are completed. Forward copies of this form and the STAC 202 Designation Form to the MV Liaison (Student Services Office).

STAC ID
| | | | |

STAC-202
HOMELESS DESIGNATION

Designation of School District of Attendance for a Homeless Child

Parent/guardian to complete highlighted lines 7, 12, and 13 only. The Office of Student Services will complete the rest.

Submitted by Local Dept of Social Services (DSS)

Designated School District of Attendance (PSD)

1. NAME OF CHILD
LAST NAME
FIRST NAME

2. DATE OF BIRTH
MO / DAY / YR
M.I.

3. GENDER
M F

5. Racial/Ethnic Category of Child (See definitions on reverse side of last page.)

American Ind or Alaskan Native Asian or Pacific Isl. Black Hispanic White

6. GRADE LEVEL FOR WHICH PLACEMENT IS SOUGHT

7. COMPLETE ADDRESS BEFORE CHILD/FAMILY BECAME HOMELESS

7A. NYS SCHOOL DISTRICT OF ATTENDANCE BEFORE BECOMING HOMELESS

8. COMPLETE ADDRESS OF CURRENT LOCATION
DATE CHILD/FAMILY PLACED IN TEMPORARY HOUSING
MONTH DAY YEAR

8A. NYS SCHOOL DISTRICT OF CURRENT LOCATION

9. DATE DISTRICT OF ATTENDANCE CHOSEN
MONTH DAY YEAR

Elmira City S.D.

10. DATE PLACED IN PERMANENT HOUSING
MONTH DAY YEAR

9A. NYS DESIGNATED DISTRICT OF ATTENDANCE
Elmira City S.D.

One of four school districts may be chosen to provide the education component: the school district of attendance before becoming homeless, the school district where last enrolled, the school district of current location or a school district participating in a Regional Placement Plan. This designation may be changed either prior to the end of the first semester of attendance or within 60 days of making this designation, whichever occurs later.

11. Check the appropriate box if the designated school district of attendance (9A) is different from the district of attendance before becoming homeless (7A) and from the district of current location (8A).

District participating in a Regional Placement Plan OR District where last enrolled (7B) if it is different from the district where last permanently housed (7A) and the district of current location (8A).

12. NAME OF PARENT OR PERSON IN PARENTAL RELATIONSHIP

AREA CODE

TELEPHONE NUMBER

13. SIGNATURE OF PERSON IN PARENTAL RELATIONSHIP TO CHILD

DATE

IT HAS BEEN REPORTED TO ME THAT THIS CHILD IS UNDER THE AGE OF 21 YEARS AND IS THEREFORE ELIGIBLE FOR EDUCATIONAL SERVICES. THE CHILD HAS BEEN ADVISED OF HIS/HER RIGHT TO DESIGNATE THE SCHOOL DISTRICT OF ATTENDANCE.

14. Debra L. Knoll
PRINT NAME OF LOCAL DSS OR SCHOOL DISTRICT REPRESENTATIVE

Secretary Office of Student Services
TITLE

15. Debra L. Knoll
SIGNATURE OF LOCAL DSS OR SCHOOL DISTRICT REPRESENTATIVE

DATE

16. PLACEMENT COUNTY
Local DSS use only

607
AREA CODE

735-3040
TELEPHONE NUMBER