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RESIDENCY QUESTIONNAIRE

Parent/Guardian:

This form is intended to address the McKinney-Vento Act 42 U.S.C. 11435 and must be completed for each student. The information you provide is confidential. Your child will not be discriminated against based upon the information provided.

Please complete the following questions regarding the student's housing in order to help determine services the student may be eligible to receive.

Note to schools/Temporary Housing Liaisons: Please assist students and families in filling out this form. Do not simply include this form in the registration packet, because if the student qualifies as residing in temporary housing, the student is not required to submit proof of residency and other required documents that may be part of the registration packet.

STUDENT NAME Last Name: ______ Middle Name: ______ Middle Name: _____ Osis #: ______ Gender: ____ School: ____ Please identify the student's current living arrangements. Please check one box: ATS CODE (School Use **CHECK** RESIDENCY QUESTIONNAIRE CHOICE Only) **Doubled-Up** With another family or other person because of loss of housing or as a result of economic hardship D 0 Shelter S 0 Emergency or transitional shelter **Awaiting Foster Care Placement** Α 0 Hotel / Motel Η 0 Living in what is NOT an emergency or transitional shelter and involves payment Other Temporary Living Situation T Trailer park, campground, car, park, public places, abandoned building, street, or any other 0 inadequate living space **Permanent Housing** Р 0 Student who is living in a fixed, regular, and adequate housing situation If the student is NOT living in permanent housing, also indicate if the below applies: **Unaccompanied Youth** ATS CODE 0 Youth who is not in the physical custody of a parent or guardian (School Use Only) Enter "Y" if applicable Parent/Guardian Signature Parent/Guardian Name (Print) Date -Where Success Happens!