



Student Residency Form McKinney-Vento Act

Alsea School District 7J
301 South 3rd Street
Alsea, OR 97324
541.487.4305
www.alsea.k12.or.us

Student Name: _____ **Grade:** _____ **Date of Birth:** _____

This form is intended to address requirements of the McKinney-Vento Act, Title X, Part C of the No Child Left Behind Act. The questions below are to assist in determining whether the student falls within the definition of homelessness.

My/Our living arrangement is not temporary. I consider it to be fixed, stable, and adequate. **Yes** **No**
(If you checked no, please fill out the remainder of this document)

I. Is your living arrangement due to the loss of housing or economic hardship? Yes No

II. According to the e McKinney-Vento Act defines “homeless children and youths” as individuals who lack a fixed, regular, and adequate nighttime residence. The term includes the following situations.
[Please check the box best describing your living situation]

The student lives:

- With someone other than a legal parent or guardian or alone without an adult;
- Family is doubled up with friends or relatives as you cannot afford, or find, affordable housing;
- In temporary, emergency or transitional housing or shelter;
- In a motel or hotel; campground or travel trailer;
- In a vehicle, utility trailer, abandoned building, or place not designed for human accommodations;
- Awaiting foster care placement; or
- In conditions, you feel are inadequate in providing basic needs such as lack of heat, electricity, running water, overcrowded.

III. If you identify with a living situation in section II., please indicate needs you may have:

- | | |
|--|--|
| <input type="checkbox"/> Free school lunch | <input type="checkbox"/> Hygiene products and/or showers at school |
| <input type="checkbox"/> School Supplies | <input type="checkbox"/> Gifted/talented programs |
| <input type="checkbox"/> Academic assistance | <input type="checkbox"/> Medical insurance |
| <input type="checkbox"/> School/gym clothes and shoes | <input type="checkbox"/> Counseling |
| <input type="checkbox"/> Vocational/Technical options/opportunities | |
| <input type="checkbox"/> Linked with local agencies | |
| <input type="checkbox"/> Entrance into Head Start, Early Head Start, Developmental Preschool, or ECEAP program for a child in your care. | |

(The following information is confidential and will be used only to assist in providing the student with services he/she may qualify for)

Homeless Liaison: Marc Thielman. He can be reached at 541-487-4305 or marc.thielman@alsea.k12.or.us.