



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.