

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

**Piedmont City School District (PHS)**  
**Questionnaire: Student/Family Domicile 2017-2018**

*Your child may be eligible for additional educational services through Title I concerning the Migrant, and/or Federal McKinney-Vento assistance. Eligibility can be determined by completing the questionnaire below.*

**1. Presently, are you and/or your family in any of the following situations? Check one box.**

- A. Staying in shelter, FEMA trailer, or waiting for foster care placement.
- B. Sharing the housing of others due to loss of housing, economic hardship, leading to doubled-up, or similar reason.
- D. Living in a car, park, campground, public space, abandoned building, substandard housing or similar.
- E. Temporarily living in a motel or hotel due to loss of housing, economic hardship or similar reason.
- U. Unknown nighttime residence., Constantly moving from residence to residence.

**2. Unaccompanied Youth: not in the physical custody of a parent or guardian Check one box.**

- Y. Student(s) is with an adult that is not a parent or legal guardian, or alone without an adult.
- N. Student **DOES NOT** meet the definition of "Unaccompanied youth".

**3. Have you moved in the past 3 years to seek work as a paid laborer in any type of farming (sod, dairy, chicken, vegetable, citrus, or other) or fishing? (Check one) Yes No**

**1, 2 or 3 DOES NOT APPLY, STOP:** If you checked this box, you **DO NOT** need to complete the remainder of this form. **Please sign and submit this form to your child's teacher for school records.**

**If any of the above information listed above indicates a need under McKinney-Veto Assistance, please fill in #4 and sign below. Return to the student's homeroom teacher. Thank You!**

4. Student Name:						
First	Middle	Last	M/F	D.O.B.	Grade and Homeroom Teacher	School Name

The undersigned certifies that according to information provided above, the students listed meet the definition of "Homeless" as stated according to the McKinney-Vento Act .

Print Parent/Guardian Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

(Area Code) Phone number \_\_\_\_\_ Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Child Name: \_\_\_\_\_ Grade Level; \_\_\_\_\_  
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School Use Only

- Free or Reduced Price Meals form submitted
- Request "Known Needy" Status
- Free or Reduced Meals not requested.

**School Advocate or Administrator:** Based on the above information and a brief interview with this family, I attest that to the best of my knowledge they are eligible for benefits under the McKinney-Vento Act:

Print Advocate or School Administrator Name **(required)** Title \_\_\_\_\_ Signature **(required)** \_\_\_\_\_ Date \_\_\_\_\_