

Los Angeles Unified School District  
Student Health and Human Services

To be completed by school personnel:

ATTACHMENT N

Student's District ID#: \_\_\_\_\_

**STUDENT RESIDENCY QUESTIONNAIRE**

*The goal of the LAUSD Homeless Education Program is to effectively serve students and families in transition, providing advocacy and referral services that foster a sense of empowerment and stability. To determine if your child is eligible for these services, please complete the Student Residency Questionnaire and return it to the Main Office at your child's school. For additional information, please contact the Homeless Education Program at (213) 202-7581.*

Date: \_\_\_\_\_ School: \_\_\_\_\_ ESC: \_\_\_\_\_

Student First Name: \_\_\_\_\_ M.I.: \_\_\_\_ Last Name: \_\_\_\_\_ D.O.B.: \_\_\_\_\_  Male  Female

Grade: \_\_\_\_\_ Other (i.e. Adult Ed.) \_\_\_\_\_ Special Ed:  yes  no Designation: \_\_\_\_\_

Address: \_\_\_\_\_ Apt #: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Contact Number: \_\_\_\_\_

The student(s) lives with:

- 1 parent  1 parent & another adult  an adult that is not the parent or legal guardian  
 2 parents  a relative  alone with no adults

**Student's Living Situation** (Check all that may apply):

- In** a shelter \_\_\_\_\_ (name of shelter)  
 **In** a motel or hotel \_\_\_\_\_ (name of motel/hotel)  
 **In** a transitional housing program \_\_\_\_\_ (name of program)  
 **In** a car, trailer or campsite, **temporarily due to inadequate housing**  
 **In** a rented trailer/motor home on private property  
 **In** a SRO (Single Room Occupancy) **building** – a multiple tenant **building** consisting of individual rooms with **shared restrooms and/or kitchens** (not an apartment building or a one bedroom) .  
 **In** a rented garage **due to loss of housing**  
 **Temporarily** in another family's house or apartment **due to loss of housing, due to financial problems** (e.g. loss of job, eviction, or natural disaster)  
 **Temporarily** with an adult that is not the parent/legal guardian **due to loss of housing**  
 **Awaiting** foster placement  
 **Other** places not designed for, or ordinarily used as a regular sleeping accommodation for human beings (explain) \_\_\_\_\_  
 **Living** alone, without any adult (unaccompanied youth)



**IF YOU CHECKED ANY OF THESE BOXES, PLEASE COMPLETE BOTH SIDES OF THIS FORM.**



**None of the above apply** – **NO FURTHER INFORMATION REQUIRED AT THIS TIME.** If your housing situation changes, please notify your child's school.

-----AFFIDAVIT-----

*By signing this form, I declare under penalty of the laws in the State of California that the foregoing is true and correct. In addition, I understand that the District reserves the right to verify the above listed residence information.*

Signature of Parent/Legal Guardian/Caregiver: \_\_\_\_\_ Date: \_\_\_\_\_

Student Name \_\_\_\_\_ School \_\_\_\_\_

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*Please list all siblings between the ages of birth and 22 years old. Complete a separate SRQ for each child.*

Name	Birthdate	Age	Grade	School

**The McKinney-Vento Homeless Assistance Act, part of No Child Left Behind, entitles all homeless school-aged children access to the same free, appropriate public education that is provided to non-homeless youth. Schools are required to remove barriers to the enrollment, attendance, and success of homeless students in school.**

The Homeless Education Program may be able to provide assistance in the following areas. Please check areas of need, if any:

- School Supplies
  Backpacks
 Hygiene Kits

**IF YOU ARE REQUESTING TRANSPORTATION ASSISTANCE, PLEASE SIGN THE AFFIDAVIT OF NEED BELOW.**

I, \_\_\_\_\_, need assistance from LAUSD as I have no alternate means to deliver my child to school. I agree to have my child attend school every day and on time. I also agree to notify the District if our situation changes or we no longer require this assistance. I understand that my child must meet the eligibility criteria for transportation assistance and I must comply with sign-in and supervision requirements.

Parent/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**TO BE COMPLETED BY SCHOOL SITE HOMELESS LIAISON**

**School-Site Homeless Liaison can provide referrals in the following areas:**

Please check areas of need, if any

- School Attendance
  School Clothing/Uniforms
 Free Breakfast/Lunch Program

Liaison: Please check here if you provided the parent/guardian with the requested referrals.

If you need assistance with referrals, please refer to your Homeless Liaison Training Manual or contact the Homeless Education Program at (213) 202-7581.

School Site Homeless Liaison Name	Title	Phone	Email
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School Personnel:

- The Student Residency Questionnaire (SRQ) must be kept in a confidential file which is separate from the Permanent Student Record.
- For any choices except none of the above apply, please fax this form (both sides) to the Homeless Education Program at (213) 580-6551.

**(For Homeless Education Program Use Only)**

- Student has current SRQ on file.  YES  NO - SRQ required to process request.
- Student is living within his/her school's residence boundaries.  NO  YES - If yes, student does not qualify for transportation assistance.
- Student is eligible for transportation.  YES \_\_\_\_\_  NO \_\_\_\_\_

Transportation Request Processed By \_\_\_\_\_ Date \_\_\_\_\_

If transportation is denied, a denial letter will be sent to the School-Site Homeless Liaison. Parent/guardian can appeal.