



Riverside Unified School District
 Pupil Services/SELPA Department
 5700 Arlington Ave, Riverside CA 92504

STUDENT ID#: _____

STUDENT NAME: _____ DATE OF BIRTH: _____

MCKINNEY-VENTO RESIDENCY FORM

The purpose of this questionnaire is to identify students living in homeless situations. Completing the information below will ensure that a Homeless student is provided with the educational rights, protections, and services under the federal McKinney-Vento Homeless Education Assistance Act.

Does not apply; student is not homeless (if this box is checked, please proceed to sign and date at bottom)

If your family is experiencing homelessness, please select one of the following statements:

- Living in a shelter, including transitional housing shelters (i.e. Path of Life Family Shelter);
 Please provide name of shelter: _____
 Shelter Address: _____
- Living on the streets, abandoned buildings, in cars, trailers, campgrounds, public places, or housing not fit for habitation;
 Please provide information regarding area in which student is living:

- Living in a hotel/motel for lack of other suitable housing; Please list name and address of hotel/motel (including room #):

- Doubled-up; **temporarily** living with family or friends due to lack of adequate housing or economic hardship.
 Please provide address of where student is living:

Please answer the following if you checked one of the four boxes above:

Date student moved into this address: _____
 How long do you expect to be at this address? _____
 Are you seeking permanent housing? _____
 Is a parent living in the home with the student? _____
 If not, with whom is the student living? _____ Relationship: _____

Please provide the following information for pre-school and school-age siblings (brothers and/or sisters) of the student:

NAME	GRADE	DATE OF BIRTH	SCHOOL	DISTRICT

I declare under penalty of perjury of the laws of California that the information I have provided is true and correct.

 Parent/Legal Guardian/Caregiver/Unaccompanied Student

 Print Name

 Date

For Office Use Only:

If student qualifies for homeless program scan and email this form to Jaemy Zavala in Pupil Services:
jzavala@rusd.k12.ca.us

Name of school site personnel receiving this form: _____

Riverside Unified School District prohibits discrimination, harassment, intimidation, or bullying in all district programs, activities, and employment on the basis of actual or perceived ancestry, age, color, disability, gender, gender identity, gender expression, nationality, race or ethnicity, religion, age, sex, sexual orientation, parental or marital status, pregnancy, or association with a person or a group with one or more of these actual or perceived characteristics. If you have any complaints or questions regarding this policy you may contact: Senior Administrator for Pupil Services or the District Complaint Officer 5700 Arlington Avenue, Riverside, CA 92504, (951) 788-7135 or (951) 352-1200