



# SAU #19

## McKinney-Vento Residency Fo

The questions below are to assist in determining if students meet the eligibility criteria for services provided under the McKinney-Vento Act. The McKinney-Vento Homeless Education Assistance Act is a federal law that ensures immediate enrollment and educational stability for displaced children and youth. The information you provide will be kept confidential. If you have any questions or concerns, please call the SAU 19 Homeless Education Liaison, Jill Parenteau at 603 660-5762.

**Privacy:** Information about a child or youth's living situation shall be treated as student education record and shall not be deemed directory information under section 1232g of title 20. (FERPA) Please see Policies JRA and JFABD.

**\*\*\*PLEASE DO NOT FILL OUT THIS FORM IF THE QUESTION BELOW DOES NOT APPLY TO YOU\*\*\***

Last Permanent Address: \_\_\_\_\_  
\_\_\_\_\_

Are you temporarily staying in one of the following places due to loss of housing, economic hardship or other reason?

\_\_\_\_\_ In a motel / hotel/ Address \_\_\_\_\_

\_\_\_\_\_ In a shelter i.e., Families in Transition, Emergency Shelter, Rooming House

Address: \_\_\_\_\_

\_\_\_\_\_ With more than one family, living in the same apartment or house:

Address: \_\_\_\_\_

\_\_\_\_\_ Moving from place to place – Address where mail can be sent to: \_\_\_\_\_

\_\_\_\_\_ In a place not designed for ordinary sleeping accommodations, such as a car, park, campsite

Name of all your students in Goffstown or New Boston District ONLY if above applies to you:

**(You only need to fill out ONE form per family)**

First Name of Student	Last Name of Student	Grade Level	Birthdate	Name of Last school attended

\*\*\* Do you have a child under the age of 6 at home? \*\*\* Yes / No

**Please circle the following:**

Are you the:

A. Student's Parent

B. Student's Guardian

C. Unaccompanied Youth\*

\*(A youth is considered unaccompanied and homeless if he or she is under is not living with a parent or a legal guardian)

Date: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Cell or House phone (circle one)

Under penalty of perjury under the laws of this state, I declare that the information provided here is true and correct and of my own personal knowledge, and if called upon to testify, I would be capable to do so.

Name of person completing this form: \_\_\_\_\_

(Please Print Name)

Signature of person completing this form:

\_\_\_\_\_ Date \_\_\_\_\_

For SAU Use:

Form Received by \_\_\_\_\_

Received Date: \_\_\_\_\_