

# HOUSTON INDEPENDENT SCHOOL DISTRICT

## 2024 - 2025 STUDENT RESIDENCY QUESTIONNAIRE (SRQ)

All information MUST be completed by parent, school personnel or community liaison.

School \_\_\_\_\_ Date \_\_\_\_\_

Student Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ HISD ID \_\_\_\_\_

Current Address \_\_\_\_\_ Grade \_\_\_\_\_ ☐ Male ☐ Female

Lives with: ☐ Both Parents, ☐ Mother, ☐ Father, ☐ Legal Guardian, ☐ Caretaker/Relative without legal guardianship, ☐ Other: \_\_\_\_\_  
(relationship)

Is the student currently in the conservatorship of the Department of Family & Protective Services (Foster Care)? ☐ Yes ☐ No

If Yes – name of DFPS Case Manager: \_\_\_\_\_ Contact Information : \_\_\_\_\_

Was the student previously in the conservatorship of the Department of Family & Protective Services (Foster Care)? ☐ Yes ☐ No

Does the student reside at a residential treatment center? ☐ Yes ☐ No

Facility Name: \_\_\_\_\_ Case Manager: \_\_\_\_\_ Contact Information: \_\_\_\_\_

**Please complete the Current Housing Situation AND Background Situation sections below to determine McKinney-Vento eligibility:**

### Part A: CURRENT HOUSING SITUATION – Check the student's current housing situation:

#### I CURRENTLY LIVE:

- ☐ In my own home or apartment, in Section 8 housing, HUD Subsidized housing or in military housing with parent(s), legal guardian(s), or caregiver(s)
- ☐ In my own home or apartment, in Section 8 housing, HUD Subsidized Housing or in military housing with parent(s) with parent(s) but lacks
- ☐ My home has no electricity ☐ My home has no running water

#### OR I CURRENTLY LIVE IN A TRANSITIONAL HOUSING SITUATION:

- ☐ Living in a shelter ☐ Living in a motel or hotel
- ☐ Living with more than one family in a house or apartment (Doubled-up) due to economic hardship

#### Unsheltered

- ☐ Moving from place to place ☐ Living in a structure not usually used for housing ☐ Living in a car, park, campsite, camper, or outside

**UNACCOMPANIED YOUTH:** ☐ Yes ☐ No (An unaccompanied youth is a student who is not in the physical custody of a parent or legal guardian. This would include students living with non-custodial relatives or friends without a parent or legal guardian).

**PARENTING STUDENT:** ☐ Yes ☐ No (A student who has a child/children).

### Part B: BACKGROUND SITUATION (If a Transitional Housing Situation is checked above – please check any below that apply)

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Catastrophic illness/ Medical expenses / disability | <input type="checkbox"/> House fire or other destruction        | <input type="checkbox"/> Parent(s) involved in military                |
| <input type="checkbox"/> New to Town   | <input type="checkbox"/> Natural disaster/evacuation            | <input type="checkbox"/> Parent Incarcerated/Recently released         |
| <input type="checkbox"/> Loss of Employment                                  | <input type="checkbox"/> Domestic Issue                         | <input type="checkbox"/> Student has been previously incarcerated      |
| <input type="checkbox"/> Economic hardship/low earnings                      | <input type="checkbox"/> Migrant work in fishing or agriculture | <input type="checkbox"/> Awaiting placement in foster care/CPS custody |
| <input type="checkbox"/> Evicted/kicked out                                  | <input type="checkbox"/> Student is a parent                    | <input type="checkbox"/> COVID-19 impacted: _____                      |

### Part C: NEEDED SERVICES – based on availability (Check services needed and call 713-556-7237 to speak to an Outreach Worker)

- |   |   |   |  |   |
|---|---|---|--|---|
| <input type="checkbox"/> Enrollment Assistance                  | <input type="checkbox"/> Transportation | <input type="checkbox"/> Emergency Clothing, Uniforms | <input type="checkbox"/> School Supplies | <input type="checkbox"/> Personal Hygiene Items |
| <input type="checkbox"/> Free Lunch/ Breakfast                  | <input type="checkbox"/> Immunizations  | <input type="checkbox"/> SNAP/Medicaid/ TANF/CHIP     | <input type="checkbox"/> Housing         | <input type="checkbox"/> Food                   |
| <input type="checkbox"/> Homeless Verification Letter for FAFSA | <input type="checkbox"/> Other: _____   |   |  |   |

To the best of my knowledge this information is true and correct.

Name (PLEASE PRINT): \_\_\_\_\_ Signature: \_\_\_\_\_ Phone #'s \_\_\_\_\_

**School Personnel:** This form is intended to address the McKinney-Vento Act U.S.C. 11435. If any "Transitional Housing Situation" is checked under "Current Housing Situation" AND the family has indicated one of the "Background Situations" (1) immediately add PEIMS Coding in HISD Connect under the Homeless tab (2) Code all of the McKinney-Vento Panels on that screen (the start date should be the date the form was completed and also add the end date, and (3) Add requested services under the Services Tab (4) Email forms to [HomelessEducation@houstonisd.org](mailto:HomelessEducation@houstonisd.org). If information is missing, please follow-up with the parent/guardian/school personnel who completed the form to make sure each section is completed, as needed.