



ICCSD McKinney-Vento Program

Student Residency Questionnaire

Date: _____

All families enrolling students in the Iowa City Community School District are asked to complete this short questionnaire about their housing status. Please fill out this form to determine if you may be eligible for additional supports for your family.

Please mark “yes” or “no” to the following questions:

	Yes	No
Are you living in a shelter or transitional housing?		
Are you doubled-up? (Sharing the housing of others due to loss of housing, economic hardship or a similar reason.)		
Are you living in a car, park, campground, public space, abandoned building, or substandard housing?		
Are you temporarily living in a motel or hotel due to loss of housing or economic hardship?		
Is your nighttime residence unknown at this time?		
Are you under the age of 18 and living with an adult who is not a parent or legal guardian?		
Are you under the age of 18 and living alone without an adult caregiver?		

If you answered “yes” to any of the above, please provide additional information on the back of this form.

A Student and Family Advocate will contact you to share information and additional resources that might be available to you. Please provide contact information and the best time of day for the Student and Family Advocate to reach you.

Parent Name: _____

Telephone Number / or best way to contact you: _____

Best time of day to reach you: _____

Date: _____

Please provide additional information about ALL children in your family:

Child’s First Name	Child’s Last Name	M / F	Birthdate	Grade (if applicable)	School (if applicable)