

Abilene Independent School District

P. O. Box 981
Abilene, TX 79604

* Indicates Required Field

*Student ID Number:

Student Residency Questionnaire (SRQ) 2023-2024

THIS FORM MUST BE COMPLETED by all parents and/or unaccompanied youth. The information provided on this form can assist your campus in identifying the students who are homeless as required by the Federal McKinney-Vento Assistance Improvement Act. The answers provided will help determine the services your child may be eligible to receive as defined on the reverse side of this questionnaire, such as case management and/or referrals.

*School: _____ * Grade Level: _____ * Male: _____ * Female: _____ * Age: _____
*Name of Student: Last: _____ First: _____ Middle: _____
*Last School Attended: _____ * City: _____ * State: _____

* Is this student in foster care? YES _____ NO _____ If "Yes", submit **DFPS** - Form **2085** to Registrar, Secretary or Counselor.

*1. Is your current address a temporary living arrangement? YES _____ NO _____
*2. Is this temporary living arrangement due to loss of housing or hardship? YES _____ NO _____

IF ANSWERED "NO" TO QUESTION 1 OR QUESTION 2, STOP! SIGN AND RETURN TO THE CAMPUS OFFICE.

*3. Is this student living with a legal guardian or parent? YES _____ NO _____ (Unaccompanied Youth)

*Where is the student presently living? (*Check one*)

- ☐ Shelter (emergency, youth, domestic violence, etc.)
☐ Doubled-up (living with friends or relatives)
☐ Unsheltered (car, travel trailer or RV, tent, sub-standard housing)
☐ Motel/Hotel
Other brothers or sisters in Abilene ISD? YES _____ NO _____

Campus: _____

*Ethnicity? (*Check one*)

- ☐ Hispanic / Latino
☐ American Indian or Alaskan Native
☐ Asian
☐ Black or African American
☐ Native Hawaiian or Other Pacific Islander
☐ White
☐ Two or More Races

*Name of Adult/Guardian/Parent student is residing with: _____

*Address:(No P.O. Box) _____ *Zip: _____ * Phone: _____

I have answered all questions to the best of my ability and understand presenting a false record or falsifying records is an offense under Section 37.10, Penal Code, and enrollment of this child under false documents subjects me to liability and/or other costs. TEC Sec. 25.002(3) (d). I HAVE ALSO READ THE REVERSE SIDE OF THIS DOCUMENT.

*Parent/Legal Guardian/Unaccompanied Youth Signature: _____ * Date: _____

TO BE COMPLETED BY SCHOOL PERSONNEL:

Employee Registering Student: _____ Phone: _____

Services Requested: _____

Comments: _____

Approved by: _____ Date _____ Approved by: Darin Cox _____ Date _____
Campus Administrator Homeless Liaison

Please notify the student's campus immediately at any time the student's status changes.

If you need more information, please contact: **Darrin Cox Homeless Liaison**, at (325) 677-1444 Ext. 5906 or 8641

Fax to Federal Programs: 325-794-1326