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Transitional Students & Families Residency Questionnaire and Affidavit

Your child may be eligible for additional educational services through Title I, Title III, the Refugee Impact Grant and the McKinney-Vento Assistance Grant. **Eligibility can be determined by completing this questionnaire.**

Please fill out the following chart for the students you have in your guardianship

Student(s) Name	Student ID#	M/F	D.O.B	Grade	School Name/ Site #	Miles	Trans	SpEd	R

1. Where is your current primary nighttime residence?

___ In our own **RENTED HOUSE OR APARTMENT**

___ In an Emergency Shelter?

___ In Transitional Housing

___ In a Hotel/Motel?

Since when? _____ (Month/Year)

___ In a car, campground, abandoned building, or substandard housing

___ I am an **Unaccompanied Youth**

___ **Current/Temporarily** living with another family due to loss of housing or financial hardship

Since when? _____ (Month/Year)

Please list the person name you are residing with _____

___ **Foster Youth (Y,N)** ___ Student lives with foster family ___ Awaiting Placement with family

___ Group Home

OUSD USE ONLY:

___ McKinney Vento

___ Unaccompanied

___ Foster Youth

VERIFICATION

I declare under penalty of perjury that the above information is true and complete. An affidavit obtained by misrepresentation, false address or inaccurate information will be nullified and the student will be transferred to the school or district of residence.

Parent/Guardian: (Please Print) _____ Date: _____

Address where you can receive mail: _____

Address of current resident (if not the same as address listed above) _____

Phone number: _____ Preferred Language _____

Email Address: _____

Signature: _____



RELEASE OF INFORMATION

Many schools contact our office about services offered at your child's for families experiencing unstable living situations (ex., tutoring). The McKinney-Vento Act protects your family's privacy regarding your living situation. Information regarding your living situation **WILL NOT BE SHARED** without your authorization. If we contacted about available services/resources and you would like us to refer your child(ren), please fill out the consent below to authorize a release of information.

****If you do choose to sign this release, your child's name is the only information that will be shared****

- I do not wish for my information to be shared with school site staff
- I hereby give my consent for my child(ren)'s name, as named below, to be release his/her school site for the purposes of services/resources our family may be entitle to.

Guardian's Signature

Date

Please indicate the names of your children you would like to be referred:

Student Name	School

OUSD USE ONLY

Services Provided:

Enrollment	Transportation	Clothing	Housing Referral/Verification	Food Pantry	Review of Attendance /Report Card
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TSFSignature: _____

Tier Assignment: __ Tier 1 __ Tier 2 __ Tier 3

Enrollment Process: __ Flagged __ Master __ Scanned

Date: _____