

Greene County School System (GCSS)
Homeless Education Program (HEP)
STUDENT RESIDENCY STATEMENT

School _____ Date _____

Child's Name (PLEASE PRINT) _____ Birth date: _____ Grade _____

Student(s) (PLEASE PRINT)

Name _____ Birth date _____ School _____ Grade _____

Name _____ Birth date _____ School _____ Grade _____

Name _____ Birth date _____ School _____ Grade _____

Information provided on this form is confidential.

1. Do you live in any of these following situations?

- sharing the housing of other persons or moving frequently **due to loss of housing, economic hardship, or a similar reason (Example: evicted from home, cannot afford housing, etc.)**
- in a motel, hotel, campground or similar setting due to lack of alternative adequate accommodations
- in emergency or transitional shelters such as domestic violence or homeless shelters or transitional housing through MUST, Center for Family Resources or other shelter or agency
- have a primary nighttime residence that is a place not designed for or ordinarily used as a regular sleeping accommodation for humans
- in cars, parks, public spaces, abandoned buildings, substandard housing, bus or train stations, or similar settings.
- None of the above

2. How long have you lived at your current residence? _____

3. How long do you anticipate living at this location? _____

4. Do you consider your current living arrangements to be unstable? Y N

Address: _____ Phone: _____

Parent or Guardian's Signature

Date

Children living in homeless situations have certain rights under the McKinney-Vento Homeless Assistance Act. Please contact your local school or **Jennifer Newkirk**, Homeless Education Liaison at 706-817-2098 or 706-453-7688 with any concerns.

SCHOOL USE: Send the completed form through county mail to **Jennifer Newkirk**, Homeless Education Liaison.