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Sacramento City Unified School District
DECLARATION OF RESIDENCE (DOR) Staff Use Only
UNACCOMPANIED YOUTH
(YOUTH NOT LIVING WITH A PARENT/ERH)

DOR STAFF USE ONLY
Email completed Declaration
to: MonicaMc@scusd.edu

ERH is a Parent/Legal Guardian or someone who has the legal right to make educational decisions for the student

A. STAFF VERIFICATION

Staff (Print) _____ Position _____ Ph _____ Date _____
What is your school or district office? _____ Is this a School Student Support Center? ☐ Y ☐ N
Who gave you this info (name) _____ Who is this person _____
How given? ☐ In person ☐ Phone ☐ Email ☐ Letter ☐ Other _____ Comments _____

PLEASE CONFIRM HOUSING INFORMATION WITH STUDENT. If the student is under 18 years, Parent/ERH notification is required. If there is a child safety and neglect issue, notify authorities immediately.

The Student confirmed the Type of Address (C below) on (date) _____
☐ In Person ☐ Ph call ☐ *Email ☐ *Letter/documents ☐ Other _____
If the student is homeless, have they been given the *Homeless Students-Rights & Responsibilities* flyer (2 pgs)
☐ No ☐ Yes: Date _____ In person ☐ Email ☐ Letter ☐ Other _____
If the student is under 18 years, has the Parent/ERH been notified and consulted regarding the student's situation?
☐ No ☐ Yes: Date _____ In person ☐ Ph call ☐ Email ☐ Letter ☐ Other _____
If Yes: Give brief summary of Parent/ERH knowledge/expectations _____
Other info/Comments: _____

B. STUDENT INFORMATION: Name (First & Last) _____ DOB _____ Gr _____
Student phone _____ Email _____
School _____ Enrollment: From _____ to _____ Student Number (8 digit) _____

IF STUDENT IS UNDER 18 YEARS, FILL IN BELOW:

Student is not living with Parent/ERH. **What date did student leave Parent/ERH residence?** _____
Why did student move from Parent/ERH residence? ☐ Live independently ☐ Kicked out ☐ Other _____
Parent/ERH (full name) _____ Address _____ Are they homeless? ☐ No ☐ Yes
Is student living with an adult (18 yrs or older) at their current address? ☐ No ☐ Yes: Fill in info below
If Yes: Please give adult's full name _____ Relationship to student _____
Has a Caregiver's Authorization Affidavit been submitted by the Adult Caregiver? ☐ Yes (please attach) ☐ No

C. TYPE OF ADDRESS: Check only one (1) Type of Address below & fill in blanks. Please review definitions to ensure accuracy

PRIMARY/ PERMANENT RESIDENCE: A fixed, regular, & adequate nighttime address that is a stable and secure.

☐ This is their own housing (they are on the rental agreement)
Address _____ Move in Date _____
☐ Shared housing: Roommates, room & board, & similar situations: Long-term, stable/regular, no move out date, landlord approved
Address _____ Move in Date _____
☐ Residential Hotel: The hotel is their primary residence by choice, convenience, or as a live-in hotel employee
Hotel Name _____ Address _____ RM _____ Move in Date _____

HOMELESS: Lacking a fixed, regular, & adequate nighttime address due to loss of housing, as indicated below or similar.

Check only ONE (1) box that is the most recent housing situation. You can add additional Comments at bottom.

☐ Temporarily Doubled-up: Moved into a person's home due to loss of housing or financial problems (eviction, job loss, etc)
☐ Couch Surfing ☐ Address: _____ Move in/Start Date _____
☐ Emergency or Transitional Shelter Program where they spend their nights
Shelter Name _____ Address _____ Ph _____ Move in Date _____
☐ Hotel/motel: Living in hotel/motel due to a loss of housing and a lack of alternative adequate accommodations.
Hotel Name _____ Address _____ Rm _____ Move in Date _____
☐ Unsheltered: Check the most recent place they spent the night. Start Date _____
☐ Car ☐ Park/public space ☐ Campground ☐ Abandoned building ☐ Travel trailer ☐ Other _____
☐ Substandard Housing (lacking utilities, condemned/uninhabitable, etc). Describe _____
What is the address/location of the above? _____

Additional Comments: _____