



Student Support Services

Student Housing Questionnaire

The purpose of this form is intended to address the McKinney-Vento Act 42 U.S.C 11435. The answers received will help to determine the services the student(s) may be eligible to receive.

Parent/Caregiver/Unaccompanied Youth: _____

Email: _____ Phone Number: _____

Current Address: _____ Previous Address: _____

Length of time at current address: _____

Please answer all that apply

<p>Is the student:</p> <p><input type="checkbox"/> living in a shelter/transitional housing</p> <p><input type="checkbox"/> living with family or friends temporarily due to loss of housing, economic hardship or similar reason; doubled-up</p> <p><input type="checkbox"/> living in cars, parks, campgrounds, temporary trailer parks, public or abandoned buildings, substantial housing</p> <p><input type="checkbox"/> living in a hotel or motel</p> <p>If you checked one of the boxes above, continue... </p> <p><input type="checkbox"/> None of the above – check if none of the above circumstances apply. STOP! / <u>Sign and Date Form.</u></p>	<p>Is the student residing in the place listed due to a natural or manmade disaster? If yes, check the appropriate box below)</p> <p><input type="checkbox"/> Mortgage foreclosure (M)</p> <p><input type="checkbox"/> Natural Disaster – Hurricane (H)</p> <p><input type="checkbox"/> Natural Disaster – Tropical Storm (S)</p> <p><input type="checkbox"/> Pandemic (Major) – (P)</p> <p><input type="checkbox"/> Natural Disaster – Tornado (T)</p> <p><input type="checkbox"/> Natural Disaster – Wildfire/Fire (W)</p> <p><input type="checkbox"/> Man-made Disaster (Major) – (D)</p> <p><input type="checkbox"/> Other, i.e. lack of affordable housing, long-term poverty, unemployment or underemployment, lack of affordable healthcare, medical illness, forced eviction, etc. - (N)</p>
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Is the student:

A migrant (student whose family moves between districts to work or see seasonal jobs)

An unaccompanied youth? (student who is not in the physical custody of a parent or guardian)

Relocating from another county. If yes, county: _____ school name: _____

Enter the names of all school-aged AND preschool-aged (3 & 4 yrs. old) children in your family. Indicate if the student will need transportation to/from school or ESE.

Name (First Last)	Gender	School Name	Grade	Is a bus needed?	Student # (office use)

By signing below, I declare that the information above is correct and true and I am aware that:

- I must notify my child’s school within 5 days should my residence change.
- This residency questionnaire only applies to the rights under the McKinney-Vento Act and in now way nullifies behavioral proceedings or School Board policies regarding attendance or reassignment.
- Anyone who knowingly makes false statements in writing with the intent to mislead shall be guilty of a misdemeanor and is punishable as provided in sections 775.082, 775.083; 837.06, Florida Statutes.

Parent/Caregiver/Unaccompanied Youth Signature: _____ Date: _____