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| 1. **Student Information**
 |
| Student Name | M/F | DOB | Grade | SCHOOL |
|  |  |  |  |  |
| 1. **Parent/Guardian Information**
 |
| Name of Parent/Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Current Street Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 1. **Program Eligibility**
 |
| **Definitions (Please check all that apply)** | **Yes** | **Code** |
| 1. **Family/Student in Transition:** A family or student who lacks a fixed, regular and adequate night time residence due to circumstances of natural disaster or family hardship. This student is homeless but does not meet the definition of unaccompanied youth
 |  | N |
| 1. **Unaccompanied Youth in Transition:** A child or youth not in the physical custody of a parent or guardian who also lacks a fixed, regular and adequate night-time residence due to circumstances of natural disasters or personal hardships
 |  | Y |
| 1. **Migrant:** Have you or your family moved within the last three years with the intent to find work in agriculture or fishing?
 |  |  |
| 1. **Not Applicable:** This student does not meet the definition of a homeless youth (or student for homeless services).
 |  | Z |
| **Note**: If you checked Not Applicable (#4 above), you do not have to complete the remaining portion of this form. Please sign at the bottom of the page and return to your child's teacher. If you checked #1, #2 or #3 above, please complete the remaining portion of this form, sign and return to your child’s teacher. |
| 1. **Residential Status**
 |
| If you, your child, or a child in your care has experienced any of the following descriptions during this school year, please enter a check mark in the "YES" column for each that applies. |
| **Statement** | **Yes** | **Code** |
| 1. Living in an emergency or transitional shelter or FEMA trailer. |  | A |
| 2. Sharing the housing of other persons (Grandparent, aunt, uncle, cousin, step parent, etc.) due to loss of housing, economic hardship or a similar reason. |  | B |
| 3. Living in a car, park, temporary trailer park or campground, public space, abandoned building, substandard housing, bus or train station, public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings or similar setting due to lack of adequate alternative accommodations. |  | D |
| 4. Living in a hotel or motel. |  | E |
| 1. **Cause of Temporary Residence**
 |
| **Statement** | **Cause** | **Code** |  | **Statement** | **Cause** | **Code** |
| Man-made Disaster (Major) |  | D | Natural Disaster - Earthquake |  | E |
| Natural Disaster - Flooding |  | F | Natural Disaster - Hurricane |  | H |
| Mortgage Foreclosure – Loses own home due to foreclosure |  | M | Other homelessness causes (includes lack of affordable housing, long-term poverty, un employment or underemployment, lack of affordable health care, mental illness, domestic violence, forced eviction, etc.) |  | N |
| Pandemic (Major) |  | P | Tropical Storm |  | S |
| Tornado |  | T | Unknown |  | U |
| Natural Disaster - Wildfire or Fire by Lightning |  | W | No, student is not homeless and has not been homeless this school year |  | Z |
| 1. **Only Unaccompanied Homeless Youth Must Complete This Section**
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|  Student is living with an adult that is not a parent or legal guardian Caregiver Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Relationship to Student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  Student is living alone without an adultHow long has student been living alone? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

The answers to this residency questionnaire help in determining eligibility of services that may be received through the Federal McKinney-Vento Homeless Assistance Act 42 U.S.C. 11435. For questions regarding this form, please call the Parent Services Office at 850-627-9651 x 1252.

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 Signature of Parent/Guardian/Caregiver (or) Unaccompanied Homeless Youth

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Date