|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 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** | | | | | | | | | | | | | | |
| 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 adult  How 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.

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

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

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

Date