



# Gadsden County Public Schools

Parent Services Office  
35 Martin Luther King, Jr. Blvd – Quincy, FL 32351

**Elijah Key**  
*Superintendent*

## Families In Transition Program

Student Residency Questionnaire

### A. Student Information

Student Name	M/F	DOB	Grade	SCHOOL

### B. Parent/Guardian Information

Name of Parent/Guardian: \_\_\_\_\_

Current Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

### C. Program Eligibility

#### Definitions (Please check all that apply)

- 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
- 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
- Migrant:** Have you or your family moved within the last three years with the intent to find work in agriculture or fishing?
- Not Applicable:** This student does not meet the definition of a homeless youth (or student for homeless services).

**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.

### D. 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

### E. Cause of Temporary Residence

Statement	Cause	Code	Statement	Cause	Code
Man-made Disaster (Major)		D	Natural Disaster - Other		N
Natural Disaster - Earthquake		E	Natural Disaster – Tropical Storm		S
Natural Disaster - Flooding		F	Natural Disaster - Tornado		T
Natural Disaster - Hurricane		H	Unknown		U
Mortgage Foreclosure – Loses own home due to foreclosure		M	Natural Disaster - Wildfire or Fire by Lightning		W

### F. Only Unaccompanied Homeless Youth Must Complete This Section

<input type="checkbox"/> Student is living with an adult that is not a parent or legal guardian Caregiver Name: _____ Relationship to Student: _____ Phone: _____	<input type="checkbox"/> Student is living alone without an adult How long has student been living alone? _____
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\_\_\_\_\_  
Signature of Parent/Guardian/Caregiver (or) Unaccompanied Homeless Youth

\_\_\_\_\_  
Date

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.