

St. Lucie Public Schools McKinney-Vento Questionnaire

This survey is intended to address the requirements of the Every Student Succeeds Act: Title IX/ Part A, and Title I/Part A. **PLEASE PRINT CLEARLY, COMPLETE ONE PER FAMILY, and return the survey a school site or to the Student Assignment Office located at 501 NW University Blvd., Port St Lucie, FL. 34986.**

Please complete ONLY if you and/or your family are presently in any of the following situations?

Check (1) one box.

- [A] ___ Living in an emergency or transitional shelter (Name): _____
- [B] ___ Living with family or friends temporarily due to our loss of housing, economic hardship or a similar reason.
- [D] ___ Living in a car, park, temporary trailer park, campground, public space, abandoned building, substandard housing or similar settings.
- [E] ___ Living in a hotel or motel temporarily due to loss of housing, or economic hardship or similar reason.

Please list students in the household enrolled in school (PK – Grade 12) or Adult School.

_____	_____	_____	_/_/_	_____	_____
Student ID	Last Name	First Name	Birthdate	Grade	School
_____	_____	_____	_/_/_	_____	_____
Student ID	Last Name	First Name	Birthdate	Grade	School
_____	_____	_____	_/_/_	_____	_____
Student ID	Last Name	First Name	Birthdate	Grade	School
_____	_____	_____	_/_/_	_____	_____
Student ID	Last Name	First Name	Birthdate	Grade	School

Is the student an unaccompanied youth? ___yes ___no (youth not in the physical custody of a parent or legal guardian).

If YES, Check one box

- Had to leave house/locked out of house Parent deceased Abandoned/Safety Parent incarceration Other

Parent/Guardian Name (Print): _____ Relationship to Student: _____

Parent/Guardian Name (Print): _____ Relationship to Student: _____

Street Address: _____

Street City State Zip

Is this a temporary living arrangement? ___Yes ___No Do you need **transportation** from this address? ___ Yes ___ No

Mailing Address (If different): _____

Street City State Zip

Telephone: _____ Cell phone: _____ Work phone: _____

Former Address: _____

Street City State Zip

Check (1) one box. Cause for temporary housing or family being displaced:

<input type="checkbox"/> Lack of affordable housing (O)	<input type="checkbox"/> Unemployment (O)	<input type="checkbox"/> Domestic violence (O)	<input type="checkbox"/> Hurricane (H)
<input type="checkbox"/> Forced eviction, etc. (O)	<input type="checkbox"/> Mental illness (O)	<input type="checkbox"/> Health care (O)	<input type="checkbox"/> Flooding (F)
<input type="checkbox"/> Mortgage Foreclosure (M)	<input type="checkbox"/> Tornado (T)	<input type="checkbox"/> Natural Disaster Other (N)	<input type="checkbox"/> Tropical Storm (S)
<input type="checkbox"/> Man-made Disaster (D)	<input type="checkbox"/> Fire (W)	<input type="checkbox"/> Earthquake (E)	<input type="checkbox"/> Other (O)

By signing below, I declare that the information provided is correct, I am aware that:

1. I must notify my child’s school immediately should my residence change.
2. 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 777.082, 775.083, 837.06, Florida Statutes.
3. This determination is limited to a period of one school year, and must be reapplied for annually.

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

OFFICIAL USE ONLY

Intake Location: _____

Intake Person’s Name & Title: _____ Date: _____

- _____ Certified by Phone
- _____ Certified in Office/School
- _____ Certified by Mail