

THE SCHOOL DISTRICT OF PALM BEACH COUNTY SAFE SCHOOLS

Student Housing Questionnaire

| | SIS DATA ENTRY (Print Clearly) |
|-------|-----------------------------------|
| Date: | |
| Ву: | |

School Personnel: Forward this form to your data processor for SIS coding. Fax or email form to the Mckinney-Vento Program. **FAX:** (561) 432-6351 Email: MVPhomeless@palmbeachschools.org. If you have any questions, contact MVP at (561) 350-0778.

| IGHTTIME RESIDENCE | The purp | ose of this form is to ider | tify students and fami | lies who may | be eligib | le for | r services in the school | or loca | l commu | ınity. |
|--|--|--|--|--|---|------------------------|---|---|--------------------------------------|---------------|
| . My family lives in an emergency or transitional shelter (e.g., FEMA Trailer, domestic violence shelter). . My family shares the housing of other persons due to loss of housing, economic hardship, or a similar reason; ear ard outbed up. . My family lives in a car, park, temporary trailer park, campground public space, abandoned building, substandard housing, but or train station, public or private places not designed for or ordinarily used as a regular sleeping accommodation for uman beings, or similar settings due to a lack of alternative adequate accommodations. . My family lives in a hotel or motel use to a lack of alternative adequate accommodations. . A child/youth in my home is let by ears of age or older and an unaccompanied youth (not in the physical custody of a parent or uardian), or I am an unaccompanied youth under the age of 16. . A child/youth in my home is 16 years of age or older and an unaccompanied youth (not in the physical custody of a parent or guardian), or I am an unaccompanied youth 16 years of age or older. Complete the rest of this form if you checked "YES" to any statement above. Print clearly, sign, and return the form to the school staff assisting you are not of the state | tudent ID# | First Name | Last Name | | Birth Date School | | | | | Grade |
| | IIGHTTIME F | RESIDENCE | Check Yes or No | o to statemer | its 1-6 bel | low: | | | YES* | NO |
| would like referral assistance with the following (check if applicable): Bit all your children who live with you from preschool through high school. If needed, use an additional sheet. Bit all your children who live with you from preschool through high school. If needed, use an additional sheet. Bit all your children who live with you from preschool through high school. If needed, use an additional sheet. Bit all your children who live with you from preschool through high school. If needed, use an additional sheet. Bit all your children who live with you from preschool through light school Uniforms School Physical School Shots | . My family lives in an emergency or transitional shelter (e.g., FEMA Trailer, domestic violence shelter). | | | | | | | | | |
| In the company of the station, public or private places not designed for or ordinarily used as a regular sleeping accommodation for uman beings, or similar settings due to a lack of alternative adequate accommodations. A child/youth in my home is under the age of 16 and unaccompanied youth (not in the physical custody of a parent or uardian) or 1 am an unaccompanied youth under the age of 16. A child/youth in my home is 16 years of age or older and an unaccompanied youth (not in the physical custody of a parent or gradian), or 1 am an unaccompanied youth 16 years of age or older. Complete the rest of this form if you checked "YES" to any statement above. Print clearly, sign, and return the form to the school staff assisting you have the rest of this form if you checked "YES" to any statement above. Print clearly, sign, and return the form to the school staff assisting you have the following (checked "YES" to any statement above. Print clearly, sign, and return the form to the school staff assisting you have the following (checked "YES" to any statement above. Print clearly, sign, and return the form to the school staff assisting you have the following (checked "YES" to any statement above. Print clearly, sign, and return the form to the school staff assisting you have the following (checked "YES" to any statement above. Print clearly, sign, and return the form to the school staff assisting you have the following (from the following following the following fol | | | persons due to loss of h | ousing, econo | mic hards | hip, c | or a similar reason; | | | |
| Current Address (Even if it is not permanent) Length of Time City State Zip Code City State Zip Code City State City State City Code City Code City Code City Code City Code C | ng, bus or tra | in station, public or private | places not designed for | or ordinarily u | sed as a r | egula | | | | |
| uardian) or I am an unaccompanied youth under the age of 16. A child/youth in my home is 16 years of age or older and an unaccompanied youth (not in the physical custody of a parent or guardian), or I am an unaccompanied youth 16 years of age or older. Complete the rest of this form if you checked "YES" to any statement above. Print clearly, sign, and return the form to the school staff assisting you are not guardian Name (First, Last) Parent Phone Email Address Length of Time City State Zip Code City State Zip Code State I your children who live with you from preschool through high school. If needed, use an additional sheet. Student ID # First Name Last Name Birthdate School Name Grad Would like referral assistance with the following (check if applicable): Information Packet Medical/Dental School Supplies School Uniforms Senator Lewis Homeless Resource Center Other: diditional support and educational services may be available for students under the McKinney-Vento Act. For more information about the lockinney-Vento Act and the McKinney-Vento Program (MVP), visit our website at: https://fiso010848.schoolwires.net/Page/882. Lelease of Information for Additional Community Resources Complete the rest of this form if you check if applicable is a community agencies not governed by the School District of Palm Beach County may be valiable to qualified families. Check 'yes' and sign below if you allow information to be released to community agencies in contact you apon to place in information to be leased includes student name, address, DOB, race, ethnicity, gender, housing status, grade, and school name as well as parent's name, DOB, race, ethnicity medical contact you apon to co | | | | | | | | | | |
| A child/youth in my home is 16 years of age or older and an unaccompanied youth (not in the physical custody of a parent or guardian), or I am an unaccompanied youth 16 years of age or older. Complete the rest of this form if you checked "YES" to any statement above. Print clearly, sign, and return the form to the school staff assisting you be rent/Guardian Name (First, Last) Parent Phone | | | | panied youth (| not in the | phys | ical custody of a parent o | or | | |
| Parent/Guardian Name (First, Last) Parent Phone Email Address Unaccompanied Youth Phone City State Zip Code State Zip Code State I Journet Address Length of Time City State Zip Code State St | . A child/you | th in my home is 16 years o | of age or older and an ur | | youth (no | t in th | ne physical custody of a | parent | | |
| Parent/Guardian Name (First, Last) Parent Phone Email Address Unaccompanied Youth Phone City State Zip Code State Zip Code State I Journet Address Length of Time City State Zip Code State St | | | | | | | | | | |
| Parent/Guardian Name (First, Last) Parent Phone Email Address Unaccompanied Youth Phone City State Zip Code State I Jorde State I Jor | Complete the | rest of this form if you chec | ked "YES" to any statem | ent above. Prir | nt clearly. s | sian. a | and return the form to the | school s | staff assis | stina vou |
| Length of Time City State Zip Code | | | The state of the s | | | | | | | |
| List all your children who live with you from preschool through high school. If needed, use an additional sheet. Student ID # First Name | Current Addres | Length of T | Length of Time | | City | | Zip Code | | | |
| would like referral assistance with the following (check if applicable): Information Packet Counseling School Transportation School Support School Physical School Shots Birth Certificate Medical/Dental School Supplies School Uniforms Senator Lewis Homeless Resource Center Other: dditional support and educational services may be available for students under the McKinney-Vento Act. For more information about the McKinney-Vento Act and the McKinney-Vento Program (MVP), visit our website at: https://filsoo10848.schoolwires.net/Page/882. School Information for Additional Community Resources School Support and educational services may be available for students under the McKinney-Vento Act. For more information about the McKinney-Vento Act and the McKinney-Vento Program (MVP), visit our website at: https://filsoo10848.schoolwires.net/Page/882. Sclease of Information for Additional Community Resources Sclease of Information for Additional Com | ormer Addres | Length of T | Length of Time City | | City | State Zip Code | | de | | |
| would like referral assistance with the following (check if applicable): Information Packet | ist all your | children who live with you | u from preschool throu | gh high scho | ol. If nee | ded, | use an additional shee | t. | | |
| Information Packet | tudent ID# | First Name | Last Nam | е | Birthda | ite | School Na | ame | | Grade |
| Information Packet | | | | | | | | | | |
| Information Packet | | | | | | | | | | |
| Information Packet | | | | | | | | | | |
| Information Packet | | | | | | | | | | |
| Release of Information for Additional Community Resources ocal homeless resources, including housing assistance, provided by community agencies not governed by the School District of Palm Beach County may be vailable to qualified families. Check 'yes' and sign below if you allow information to be released to community agencies, including being entered into Palm leach County's Client Management Information System (CMIS), and allow community agencies to contact you about potential assistance. Information to be eleased includes student name, address, DOB, race, ethnicity, gender, housing status, grade, and school name as well as parent's name, DOB, race, ethnicity agender. Yes (If "yes" is chosen, complete the following parent information) Date of Birth Race Gender Ethnicity Yes, Hispanic or Latino No, Not Hispanic or Latino | Information Birth Certic Senator Ledditional su | n Packet Counseling ficate Medical/De ewis Homeless Resource (pport and educational serv | School Trans ntal School Supp Center Other: rices may be available for | sportation [lies [| School | Unifo | ney-Vento Act. For more i | nformation | | |
| Ethnicity | Release of In ocal homeless vailable to qua each County's eleased includ nd gender. | formation for Additional aresources, including housing allified families. Check 'yes' and a Client Management Informates student name, address, DC | Community Resources assistance, provided by code sign below if you allow infinence (CMIS), and allow, race, ethnicity, gender, | ommunity agence formation to be low community a housing status, | ies not gov released to agencies to grade, and | erned comn conta | by the School District of Panunity agencies, including bact you about potential assis | alm Beach eing ente stance. In name, D | red into F formation OB, race, | Palm to be |
| □ No | Y es (If "yes | " is chosen, complete the following | • | | | _ | | | ender — | |
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| | | | | | | | | | | |

Date

Signature of Parent/Guardian or Unaccompanied Youth