



THE SCHOOL DISTRICT OF PALM BEACH COUNTY
SAFE SCHOOLS
Student Housing Questionnaire

SIS DATA ENTRY
(Print Clearly)

Date: _____

By: _____

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.

The purpose of this form is to identify students and families who may be eligible for services in the school or local community.

| Student ID # | First Name | Last Name | Birth Date | School | Grade |
|--------------|------------|-----------|------------|--------|-------|
|--------------|------------|-----------|------------|--------|-------|

| NIGHTTIME RESIDENCE | Check Yes or No to statements 1-6 below: | YES* | NO |
|---------------------|---|------|----|
| | 1. My family lives in an emergency or transitional shelter (e.g., FEMA Trailer, domestic violence shelter). | | |
| | 2. My family shares the housing of other persons due to loss of housing, economic hardship, or a similar reason; we are doubled up. | | |
| | 3. My family lives in a car, park, temporary trailer park, campground public space, abandoned building, substandard housing, bus or train station, public or private places not designed for or ordinarily used as a regular sleeping accommodation for human beings, or similar settings due to a lack of alternative adequate accommodations. | | |
| | 4. My family lives in a hotel or motel due to a lack of alternative adequate accommodations. | | |
| | 5. A child/youth in my home is under the age of 16 and unaccompanied youth (not in the physical custody of a parent or guardian) or I am an unaccompanied youth under the age of 16. | | |
| | 6. 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.

| | | | | |
|---|----------------|---------------|---------------------------|----------|
| Parent/Guardian Name (First, Last) | Parent Phone | Email Address | Unaccompanied Youth Phone | |
| Current Address (Even if it is not permanent) | Length of Time | City | State | Zip Code |
| Former Address | Length of Time | City | State | Zip Code |

List all 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 | Grade |
|--------------|------------|-----------|-----------|-------------|-------|
| | | | | | |
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I 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: _____

Additional 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://fl50010848.schoolwires.net/Page/882>.

Release of Information for Additional Community Resources

Local homeless resources, including housing assistance, provided by community agencies not governed by the School District of Palm Beach County may be available to qualified families. Check 'yes' and sign below if you allow information to be released to community agencies, including being entered into Palm Beach County's Client Management Information System (CMIS), and allow community agencies to contact you about potential assistance. Information to be released includes student name, address, DOB, race, ethnicity, gender, housing status, grade, and school name as well as parent's name, DOB, race, ethnicity, and gender.

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

No

I declare under penalty of perjury under the laws of this state, that the information provided here is true and correct.

Signature of Parent/Guardian or Unaccompanied Youth

Date