



# 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 9461 Brandywine Lane, 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
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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: \_\_\_\_\_

Is this a temporary living arrangement? \_\_\_Yes \_\_\_No Do you need **transportation** from this address? \_\_\_ Yes \_\_\_ No

Mailing Address (If different): \_\_\_\_\_

Telephone: \_\_\_\_\_ Cell phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

Former Address: \_\_\_\_\_

**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: \_\_\_\_\_

<b>OFFICIAL USE ONLY</b>		____ Certified by Phone
Intake Location: _____		____ Certified in Office/School
		____ Certified by Mail
Intake Person’s Name & Title: _____	Date: _____	