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
			__/__/____		
			__/__/____		
			__/__/____		
			__/__/____		

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:

☐ Lack of affordable housing (O)	☐ Unemployment (O)	☐ Domestic violence (O)	☐ Hurricane (H)
☐ Forced eviction, etc. (O)	☐ Mental illness (O)	☐ Health care (O)	☐ Flooding (F)
☐ Mortgage Foreclosure (M)	☐ Tornado (T)	☐ Natural Disaster Other (N)	☐ Tropical Storm (S)
☐ Man-made Disaster (D)	☐ Fire (W)	☐ Earthquake (E)	☐ 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: _____

____ Certified by Phone
____ Certified in Office/School
____ Certified by Mail

Intake Person's Name & Title: _____Date: _____