

The answers to this housing questionnaire help in determining eligibility of services that may be provided through the federal McKinney-Vento Act, 42 U.S.C 11435. For more information, contact the FLVS Full Time MV Liaison at 407-986-0925.

Where are you and your family currently staying at night? (only check one box):

- Rent or own my own house, condominium, apartment or other permanent residence. *(If you checked this box, you DO NOT need to complete the rest of this questionnaire.)*
- Living with someone else by choice in a house or apartment that properly accommodates all residents *(if you checked this box, you DO NOT need to complete the rest of this questionnaire).*
- Staying somewhere temporarily (if you checked this box, please complete the rest of this questionnaire).

FAMILY INFORMATION – PLEASE NOTE ALL SECTIONS MUST BE COMPLETED

Name of Parent(s)/Legal Guardian(s):			
Current Student Nighttime Street Address		City/ Zip Code	
How long have you been at this address?			

Please list ALL students within the family, (including pre-K children) enrolling in FLVS.

Student Name	Student ID#	M/F	DOB	Grade	Full Time or Flex Program

TEMPORARY LIVING SITUATION INFORMATION – PLEASE NOTE ALL SECTIONS MUST BE COMPLETED

Check only ONE box that applies to your situation:

- We are temporarily staying with another family member or friend due to loss of housing, economic hardship, or a similar reason; doubled-up.
- We are staying in a motel or hotel due to lack of alternative adequate accommodations.
- We are living in a vehicle, park, or temporary trailer park or campground due to lack of alternative adequate accommodations, public space, abandoned building, other substandard housing, bus or train station, public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings, or similar settings.
- We are staying in an emergency or transitional shelter
- If the above do not apply, describe where the student most recently spent the night: _____

Check only ONE box that applies to the cause of your temporary living situation:

- Economic hardship due to **COVID pandemic** (illness, loss of job, etc.) that resulted in loss of housing
- Economic hardship or other circumstances **(NOT Related to COVID pandemic)** that resulted in foreclosure, eviction, or inability to obtain a residence at this time
- Lost our housing due to a Natural Disaster (hurricane, flood, fire, etc.) and have no place else to go. Please indicate the Natural Disaster type here: _____
- Lost our housing due to a Manmade Disaster (mold, poison gas release, domestic violence, etc.) and have no place else to go
- Recently moved to the area and are looking for a place to buy or rent
- Recently sold residence or lease ended and looking for a place to buy or rent
- Repairing or remodeling current residence
- If the above do not apply, describe the cause of your temporary living situation: _____

Please continue residency questionnaire on the next page

The enrolling student(s) is/are:

- Staying with a parent or legal guardian
- Not staying with a parent or legal guardian, but staying with an adult that is not a parent or legal guardian
If you checked this box, please complete the following:
Caregiver Name: _____
Relationship to Student: _____
Phone Number: _____
- Not staying with a parent or legal guardian and not staying with an adult who is acting as the student’s parent as defined in s. 1000.21(5), Florida Statutes.
If you checked this box, how long has the student been living alone? _____
- Other (explain): _____

ADDITIONAL RESOURCES INFORMATION RELEASE

Release of information to social service agencies:

Additional protective rights and services may be available to qualified families. These rights include immediate school enrollment, free meals, and school stability. Please check ‘yes’ if you allow this information to be released to social service agencies for possible assistance. Release of information expires on 6/30/2023.

- Yes
- No

Release of information to community organizations:

Local homeless resources provided by community agencies not governed by Florida Virtual School may be available to qualified families, this includes housing assistance. Please check ‘yes’ if you allow this information to be released to community agencies, including registration in the Homeless Management Information System (HMIS), and allow community agencies to contact you about potential supports.

- Yes
- No

VERIFICATION OF INFORMATION

The undersigned certifies that the information provided is accurate.

Please note that Florida Statutes 837.06 provides that whoever knowingly makes a false statement in writing with the intent to mislead a public servant in the performance of his official duty shall be guilty of a misdemeanor of the second degree.

For additional questions regarding the FLVS McKinney-Vento Program including district policies and local resources, please visit our website at www.flvs.net/about/programs/mckinney-vento-homeless-assistance-improvement-act.

Signature of Parent/Legal Guardian OR Unaccompanied Homeless Youth

Date

FOR FLVS STAFF ONLY

If it is determined that this student is eligible for McKinney-Vento Program services, please scan this Student Residency Questionnaire (SRQ) and email it to the following:

- District MVP Liaison- vjones@flvs.net
- School Social Worker- studentservices@flvs.net

All schools are required to keep a file (digital or paper) of all SRQs submitted.