 **Leon County School District**

 2757 West Pensacola Street \* Tallahassee, FL 32304 \* Phone 850-487-7226\*www.leonschools.net

**2022-2023 Student Residency Questionnaire**

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| **Section A: Housing is Fixed, Regular, and Adequate** |
| Please DO NOT complete this form, if you currently:* Rent/own your home **OR**  Live with someone by choice (not due to financial hardship)
 |
| **Section B: Housing is NOT Fixed, Regular, and Adequate (Complete all sections below and return to school)** |
| Student(s) Current Nighttime Residence:* In an emergency/transitional shelter (A)
* Temporarily with another family or other persons due to loss of housing, economic hardship, or similar reason (B)
* In a vehicle of any kind, temporary trailer park or campground due to lack of alternative adequate accommodations, public space, bus or train station, abandoned building, public or private place not designed for or ordinarily used as a regular sleeping accommodation, or other substandard housing (D)
* In a hotel/motel due to loss of housing, economic hardship, or similar reason (E)

How long have you been at this temporary residence? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Cause of Temporary Residence:* Foreclosure (M)
* Natural Disaster Type: **Circle One**

Earthquake, Flood, Hurricane, Tornado Tropical Storm, Wildfire * Man-made Disaster (D)
* Pandemic (P)
* Other homeless causes (N): (Please Explain) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Example:** Lack of affordable housing, long term poverty, unemployment, domestic violence, eviction, mental illness, lack of health care |
| **Section C: Student Information (All LCS students including pre-school children living together as indicated above)**  |
| Student Name | Student ID# | M/F | DOB | Grade | School |
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| Current Street Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_Contact Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Name of Parent(s) / Legal Guardian(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Section D: Unaccompanied Homeless Youth Must Complete This Section** (U) |
| * Student is living with an adult that is not a parent or legal guardian.

Caregiver Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship to student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | * Student is living alone without an adult.

How long has the student been living alone? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Additional protective rights and services may be available to qualified families. These rights include immediate school enrollment, free meals, school stability, and transportation to the school of origin (if over 2 miles).**\*\*\*If Transportation is needed, call 850-487-7226 and check this box.** * Please check if you allow this information to be released to social service agencies for possible assistance. Expires 6/30/23
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***The undersigned certifies that the information provided is accurate.***

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature of Parent/Legal Guardian (OR) Unaccompanied Homeless Youth Date**

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.

**\*Forward a copy of this form to the Families in Transition Office via county mail. Maintain original is in student’s cumulative file**.

The answers to this residency questionnaire help in determining eligibility of services that may be received through the federal McKinney-Vento Homeless Assistance Act 42 U.S.C. 11435. For questions regarding this form, please call the FIT office at 487-7226.

 LCS – 5/30/19