



District School Board of Pasco County Student Housing Questionnaire [SHQ]

MIS 140
Revised 4/24

Students In Transition (SIT) Program

The Pasco County School District wants to ensure that your child receives the best possible education. The information on this form will assist in determining if your child meets eligibility requirements under the federal McKinney-Vento Act, a law that helps public school students who are displaced from their home for certain reasons. A student qualifies for the McKinney-Vento Act if they are between the ages of 0-22 and lack a fixed, regular and adequate night-time residence.

COMPLETE ONE FORM PER REQUEST and return the questionnaire to sitprogram@pasco.k12.fl.us

I. NIGHTTIME RESIDENCE

Place an "X" in the appropriate box to answer "Yes" or "No".	YES	NO
1. The student(s) lives in an emergency or transitional shelter (e.g., FEMA Trailer, Domestic Violence, Metropolitan Ministries, etc.).		
2. The student(s) shares the housing of other persons (doubled-up) due to loss of housing, economic hardship, or a similar reason.		
3. The student(s) lives in a car, park, temporary trailer park or campground (due to lack of alternative adequate accommodations), public space, abandoned building, 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.		
4. The student(s) lives in a hotel or motel due to lack of alternative adequate accommodations.		
Complete if student is unaccompanied youth:		
1. A child/youth in my home is under the age of 16 and unaccompanied (not in the physical custody of a parent or guardian) or I am an unaccompanied youth under the age of 16 years.		
2. A child/youth in my home is 16 years of age or older and unaccompanied (not in the physical custody of a parent or guardian) or I am an unaccompanied youth 16 years of age or older.		

II. CAUSE FOR TEMPORARY LIVING

If you marked "Yes" to any questions above, please indicate the cause by placing an "X" in the appropriate box. **(Please add specifics on the lines provided.)**

- | | | | |
|---|-----------------------------------|--|---|
| <input type="checkbox"/> Mortgage Foreclosure | <input type="checkbox"/> Flooding | <input type="checkbox"/> Pandemic | <input type="checkbox"/> Hurricane _____ |
| <input type="checkbox"/> Man-made Disaster | <input type="checkbox"/> Wildfire | <input type="checkbox"/> Unknown | <input type="checkbox"/> Tropical Storm _____ |
| <input type="checkbox"/> Earthquake | <input type="checkbox"/> Tornado | <input type="checkbox"/> Other Homelessness Causes _____ | |

III. STUDENT INFORMATION

School-Aged AND Non School-Aged Children or if unaccompanied, list self

Name (First, Middle Initial, Last)	Student ID #	D.O.B.	Sex	Grade	Current School

IV. CONTACT INFORMATION

Name of Parent, Guardian, or Caregiver (if unaccompanied): _____ Relationship to student: _____

Street Address (Location of Nighttime Residence): _____

Length of Time Student(s) Has Resided at This Address: _____

Former Address: _____

Mailing Address (If Applicable): _____

Cell Phone: _____ Email: _____

Unaccompanied Youth Cell Phone (If Applicable): _____ Email: _____

The undersigned certifies the information provided is accurate. Florida Statute 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/her official duty shall be guilty of a misdemeanor of the second degree.

Print Name: _____ Date: _____

Signature: _____ Date: _____

Please check one box to represent the person signing this form (Parent Guardian Caregiver Unaccompanied Youth Designee)