

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. The McKinney-Vento Program provides certain rights to families who are experiencing housing transition.

PLEASE ONLY COMPLETE THIS FORM IF YOU ARE EXPERIENCING HOUSING TRANSITION. Housing transition can mean that due to financial hardship your family is living in a hotel, a home where you have a mortgage or lease but the home is bug infested or has other conditions causing it to be inadequate for living, a vehicle, shelter, or living with friends and family without a legal or valid lease. For more information on what qualifies under the McKinney-Vento Act, visit www.homeless.ocps.net.

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?		Phone Number	
		Email	
Do you or have you previously worked in agriculture, fishing, lumber, or dairy at any time during the last 3 years?		YES	NO

Please list ALL students within the family, (including pre-K children) enrolling at ANY OCPS school.

Student Name	Student ID#	M/F	DOB	Grade	School

TEMPORARY LIVING SITUATION INFORMATION – PLEASE NOTE ALL SECTIONS MUST BE COMPLETED
Check only ONE box that applies to your situation:

- Staying with another family member or friend due to financial hardship and do not have a valid lease. (B)
- Staying in a motel or hotel due to financial hardship or inability to find affordable permanent housing. (E)
- Sleeping in a vehicle, trailer park or campground, abandoned building, or other substandard housing. (D)
- Staying in an emergency or transitional shelter. (A)
- Rent or own with valid lease, but due to financial hardship home is inadequate (no bed/kitchen, bugs, water leak, etc.). (D)
- If the above do not apply, describe where the student/s most recently spent the night:

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

- Economic hardship **due to COVID pandemic** (illness, loss of job, etc.) that resulted in loss of housing (P)
- Economic hardship or other circumstances (**NOT related to COVID pandemic**) such as lack of affordable housing, long-term poverty, unemployment, medical concerns, domestic violence, etc. (N)
- Mortgage Foreclosure (M)
- 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: _____ (E, F, H, S, T, or W)
- Lost our housing due to a manmade disaster (mold, poison gas release, etc.) and have no place else to go (D)
- If the above do not apply, describe the cause of your temporary living situation: _____

UNACCOMPANIED HOMELESS YOUTH (UHY):

The enrolling student(s) is/are:

Staying with a parent or legal guardian
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.

Not staying with a parent or legal guardian, but staying
with an alternate adult.

Caregiver Name: _____

Caregiver Phone: _____

Relationship to Student: _____

*The undersigned certifies that the information provided is accurate to the best of their knowledge.
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.*

Signature of Person Completing This Form

Printed Name of Person Completing This Form

Date

Please indicate role of person completing this form.

*Parent/Guardian or Unaccompanied Youth
Caregiver for Youth*

*OCPS Staff Member on behalf of students
Local Agency on behalf of family (Please indicate agency):*

MCKINNEY-VENTO ACT RIGHTS

Students that qualify under the McKinney-Vento Act are entitled to the following rights:

- *Immediate enrollment (even if you lack proof of residency or other documents and are working on obtaining these documents).*
- *Free meals while at school.*
- *School stability with the option to remain in the school of origin (school last attended) and school of origin feeder pattern while in housing transition.*
- *Transportation to school if current housing location is over 2 miles.*
- *Rights are awarded for the current school year. If the student(s) continue to experience housing transition after July 1, 2024, please complete this questionnaire again for the 2024-2025 school year.*
- *For students enrolling in VPK or Kindergarten during the spring of 2023, you will need to complete this form again after July 1, 2023 to qualify for the 2023-2024 school year.*

Additional educational supports dependent on generous donors may be available. Please contact your school social worker for additional information.

For additional information on the McKinney-Vento Program and rights under the federal McKinney-Vento Act, please contact 407-317-3485 or email helphomeless@ocps.net.

FOR OCPS STAFF ONLY:

All Student Residency Questionnaire (SRQ) forms should be provided to the school registrar for coding and emailed to MVPSRQ@ocps.net. Copies of SRQs should be contained in a master file at the school site. For additional questions, please email helphomeless@ocps.net or call 407-317-3485.