

STUDENT HOUSING QUESTIONNAIRE (SHQ)



ATTENTION parents, caregivers and unaccompanied youth (not living with a parent or legal guardian):

The purpose of this questionnaire is to help identify school-aged children and youth who are experiencing housing instability as defined by Subtitle VII-B of the McKinney-Vento Homeless Assistance Act (42 U.S.C. 11431 et seq.). According to this federal legislation, via the guidance of the HEART program, Broward County Public Schools is responsible for removing systemic barriers to the education of students experiencing homelessness by implementing the provisions of the law.

By completing this questionnaire, your school-aged child(ren) may qualify for HEART services and resources to help ensure educational stability.

	With whom does the stu Parent Legal guardian An adult (18+) caring for stu	, ,	o live w	ith parent or legal	guardian a	t this time	
	Name (first and last): *IMPORTANT: Please contact	t the student's schoo	Rela	ationship: pplete the required	Caregiver A	Authorization Form.	
	I am an unaccompanied you	th. I do not live with	either o	of my parents or a	legal guar	dian at this time.	
	Where do you currently I rent or own my home >		КІР ТО	QUESTION #4.			
	In an emergency or transition Temporarily with a family me In a vehicle, trailer park or ca In a hotel or motel due to los	ember or friend (dou ampground, abando	ned buil	ding, or other sub	standard h		nilar reason (B)
3. What caused your temporary residence? Eviction; Domestic Violence; Unemployment; Medical/Mental Disability; Poverty; Lack of Affordable Housing (O) Mortgage Foreclosure (M) Hurricane (H) Earthquake (E) Flooding (F) Man-made Disaster (D) Tropical Storm (S) Tornado (T) Wildfire or house fire (W) Natural Disaster – Other (N) * IMPORTANT: Please complete the requested information below for all school-aged children (PreK-12) enrolled in, or pending							
	enrollment in a Broward Cou completed questionnaire to		arter scl	hool. If you have c	hildren enre	olled in multiple scho	ools, please return
	Student's Full Name (first and last)	Student ID #	M/F	Date of Birth (mm/dd/yyyy)	Grade	School Curren	tly Enrolled
4.	By signing below, I am attes	ting that the informa	ition pro	vided is accurate:			
Print Full Name (person completing this form)			Signature			Date	
Mailing Address			City		State	Zip Code	
	Telephone Number	 E-mail <i>A</i>	Address	<u> </u>			

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 official duty shall be guilty of a misdemeanor of the second degree.

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