

Florida's McKinney-Vento Program

Frequently Asked Questions Series:

Access to Health Services for Children and Youth Experiencing Homelessness

Homeless Education Program
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Access to Health Services for Children and Youth Experiencing Homelessness: Frequently Asked Questions (FAQs)

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Access to Health Services for Children and Youth Experiencing Homelessness: Frequently Asked Questions (FAQs)

Introduction

In the June 2015 issue of [Insights from Housing Policy Research](#), Dr. Megan Sandle of the Boston Medical Center and her colleagues published the article, "[Compounding Stress: The Timing and Duration of Homelessness Effects on Children's Health](#)." The introduction of the article summarizes the relationship between homelessness and children's health:

"Decades of scientific research (demonstrates) that homelessness experienced during early childhood is harmful to a child's growth and development.ⁱ The stress of homelessness during early childhood can lead to potentially permanent harmful changes in brain and body function, in turn causing higher levels of stress-related chronic diseases later in life.ⁱⁱ"

During the 2013-2014 school year, Florida's school districts identified 71,446 homeless children and youth enrolled in prekindergarten through 12th grade. Of that number, 7,573 (11%) also were determined to be unaccompanied, i.e., not in the physical custody of a parent or guardian, per the McKinney-Vento Actⁱⁱⁱ. Most of those unaccompanied homeless students, 4,429 (58%), were enrolled in grades 9 through 12, known in the field as "unaccompanied homeless youth" (UHY).

Many UHY find shelter with a relative or family friend because accommodations for the whole family during their temporary loss of housing are inadequate or unavailable. The parents of these youth are generally available to give consent to medical treatment or other health services. However, UHY also include young people who have run away from or been thrown out of their homes or otherwise abandoned by or separated from their parents. The door to health services can be locked and barred.

The primary causes of homelessness among those UHY who are estranged from their families and living independently are parental neglect or indifference, substance abuse, extreme family conflict, or physical and sexual abuse by a parent, guardian, or other family member. It is estimated that between 1.6 and 1.7 million youth in the United States run away or are forced to leave home each year.^{iv}

Who is homeless? (MVA, Sec. 725)

The term "homeless children and youth" —

(A) means individuals who lack a fixed, regular, and adequate nighttime residence ...; and

(B) includes —

(i) children and youths who are sharing the housing of other persons due to loss of housing, economic hardship, or a similar reason; are living in motels, hotels, trailer parks, or camping grounds due to the lack of alternative accommodations; are living in emergency or transitional shelters; or are abandoned in hospitals;

(ii) children and youths who have a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings ...

(iii) children and youths who are living in cars, parks, public spaces, abandoned buildings, substandard housing, bus or train stations, or similar settings; and

(iv) migratory children who qualify as homeless for the purposes of this subtitle because the children are living in circumstances described in clauses (i) through (iii).

What is an unaccompanied homeless youth? (MVA, Sec. 725)

(6) The term unaccompanied youth' includes a youth not in the physical custody of a parent or guardian.

Health Challenges for Unaccompanied Homeless Youth

UHY require special consideration when it comes to health. They are at the height of their physical, emotional, and social development and are more likely to engage in high-risk behaviors such as unprotected sex with multiple partners, drug use, and exposure to and participation in violence.^v UHY tend to have poor nutrition, sleep habits, and inconsistent shelter. Substance abuse, mental health, suicide risk, post-traumatic stress disorder, sexually transmitted diseases, the risk of HIV/AIDS, and oral health are other areas in which UHY need services.^{vi}

Health Services Access Challenges for Unaccompanied Homeless Youth

Creating ways for UHY to access health care and social services, when parents or guardians are not available, is critical to a successful transition from adolescence to adulthood and from homelessness to being housed.^{vii} However, UHY have not reached the “age-of-majority” in Florida (age 18) and cannot consent to health or medical services, unless they are at least 16 years old and a school district homeless liaison or certain other community authorities certify their situation as homeless and unaccompanied^{viii}.

UHY encounter many of the barriers faced by homeless adults in accessing health care services: lack of transportation, residency documentation requirements, lengthy bureaucratic processing (especially discouraging to an adolescent), lack of financial resources or health insurance, and lack of awareness of services. They also face barriers due to their legal standing as minors: confidentiality issues, need for parental consent, distrust of adults and professional agencies, denial on the part of the youth in need of care, and lack of coordinated services and outreach for homeless youth. For many of these young people, health care may not be a priority over day-to-day survival issues.^{ix}

Florida statutes allow youth to access limited mental health and substance abuse services without parental consent. They can access treatment related to pregnancy and sexually transmitted diseases. Mothers who have not attained the age of majority (age 18) may provide consent for their children’s health care, though, in most cases, not their own care. Health care providers are permitted to proceed with emergency services if delaying treatment, while awaiting parental consent, would endanger the youth’s health or well-being.^x

Health Services Access Relief for Certified Unaccompanied Homeless Youth

Until recently, unaccompanied homeless minors seeking general medical, dental, or mental health care in Florida would have been refused treatment, except in certain situations described above.^{xi}

Fortunately, the 2014 Florida Legislature amended section 743.067, Florida Statutes, to allow school district homeless liaisons, and certain other community authorities, to certify a 16 or 17 year old youth as homeless, unaccompanied, and qualified to consent for their own health and medical services.

These youth are to be admired for their persistence in pursuing their high school education. However, they can become easily discouraged when they do seek assistance for how to get a job, or a driver’s license, or apply for postsecondary education. They tend to “give up,” if the process is perceived to be too long or complicated. This document is designed to assist the Local Education Agency (LEA) Homeless Education Liaison to guide, support, and advocate for improved health of UHY in their community. Good physical and mental health is the keystone of academic achievement, especially for homeless youth.

Two Points to Keep in Mind

1. The Process for Identifying UHY

Identifying UHY is a two-step process. The youth may be unaccompanied, but not homeless; therefore, to make an accurate determination of their status, both of the following questions require an answer in the affirmative:

- a. Does the student's living arrangement meet the McKinney-Vento Act's homeless definition?
- b. If McKinney-Vento eligible, is the student in the physical custody of a parent or legal guardian?

2. The Case-by-Case Principle

Experience is a great teacher and school district homeless liaisons learn quickly to consider the facts of each case individually. They gather and analyze information from the family or youth and make appropriate determinations and decisions based on this information. Please keep this principle in mind when reading and applying the answers to the questions in this document. The correct determination of eligibility or best-interest of the student comes when applying the information contained herein to the particular conditions of each case.

Consent to Health and Medical Services for Minors in Florida

Q1. Who can give consent for medical care for a minor?



A Section (s.) 743.0645(2), Florida Statutes (F.S.), provides for adults other than a parent who may consent to medical care or treatment of a minor. Any of the following persons, listed in priority order, may consent to the medical care or treatment of a minor when, after a reasonable attempt, a person who has the power to consent as otherwise provided by law cannot be contacted by the treatment provider and actual notice to the contrary has not been given to the provider by that person:

- a) A person who possesses a power of attorney to provide medical consent for the minor. A power of attorney to provide medical consent for a minor includes the power to consent to medically necessary surgical and general anesthesia services for the minor unless such services are excluded by the individual executing the power of attorney.
- b) The stepparent.
- c) The grandparent of the minor.
- d) An adult brother or sister of the minor.
- e) An adult aunt or uncle of the minor.

When seeking an adult from this list to provide consent for a minor, be sure to document why a person higher on the priority list was not engaged.

Q2. Who can render emergency medical care or treatment to minors without parental consent?

A Per s. 743.064, F.S., the absence of parental consent notwithstanding, a licensed physician or an osteopathic physician may render emergency medical care or treatment to any minor who has been injured in an accident or who is suffering from an acute illness, disease, or condition if, within a reasonable degree of medical certainty, delay in initiation or provision of emergency medical care or treatment would endanger the health or physical well-being of the minor, and provided such emergency medical care or treatment is administered in a state-licensed hospital or in a college health service.

Emergency medical care or treatment may also be rendered in the pre-hospital setting by paramedics, emergency medical technicians, and other emergency medical services personnel, provided such care is rendered consistent with the provisions of chapter 401. These persons shall follow the general guidelines and notification provisions of this section.

This section shall apply only when parental consent cannot be immediately obtained for one of the following reasons:

- a) The minor's condition has rendered him or her unable to reveal the identity of his or her parents, guardian, or legal custodian, and such information is unknown to any person who accompanied the minor to the hospital.
- b) The parents, guardian, or legal custodian cannot be immediately located by telephone at their place of residence or business.



Q3. Can a minor receive maternal health and contraceptive information and services?

- A Yes. Maternal health and contraceptive information and services of a nonsurgical nature may be rendered to a minor who is married, is a parent, is pregnant, has the consent of a parent or legal guardian, or may in the physician's opinion suffer probable health hazards if such services are not provided (s. 381.0051(5)(a), F.S.).

An unwed pregnant minor may consent to medical or surgical care or services relating to her pregnancy and an unwed minor mother may consent to the performance of medical or surgical care or services for her child (s. 743.065, F.S.). See also s. 743.01, F.S., which provides that the disability of nonage is removed for married minors.

Notice must be given to a parent or legal guardian of a minor at least 48 hours before the inducement or performance of a termination of pregnancy (s. 390.01114, F.S.). Exceptions are provided in section (3)(b) of the statute and section (4) provides a procedure for judicial waiver.

Q4. Can a minor receive services related to sexually transmitted diseases?

- A Yes. Physicians, health care professionals, and hospitals may examine and provide treatment for sexually transmissible diseases to any minor, and the consent of the parents or guardians is not a prerequisite. Consultation, examination, and treatment of a minor for a sexually transmitted disease is confidential and shall not be divulged in any direct or indirect manner, such as sending a bill for services rendered to a parent or guardian (s. 384.30, F.S.).

Q5. Can a minor obtain voluntary substance abuse impairment services?

- A Yes. The disability of nonage for persons under 18 years of age is removed solely for the purpose of obtaining voluntary substance abuse impairment services from a licensed service provider and consent to such services by a minor has the same force and effect as if executed by an individual who has reached the age of majority (s. 397.601(4)(a), F.S.). Note also that Florida Statutes provide that, "Since a minor acting alone has the legal capacity to voluntarily apply for and obtain substance abuse treatment, any written consent for disclosure may be given only by the minor (s. 397.501(7)(e)1, F.S.)."

Q6. Can a minor obtain outpatient mental health diagnostic and evaluative services or crisis intervention services?

- A Yes. A minor, 13 years of age or older, may consent to outpatient mental health diagnostic and evaluative services, or crisis intervention, although the statute provides for parental involvement and consent in certain circumstances (s. 394.4784(1), F.S. (Outpatient Diagnostic and Evaluation Services) and s. 394.4784 (2), F.S. (Outpatient Crisis Intervention, Therapy and Counseling Services)).

Consent to Health Services: Certified Unaccompanied Homeless Youth

Q7. What is a Certified Unaccompanied Homeless Youth?

A A Certified Unaccompanied Homeless Youth (CUHY) is a 16 or 17 year old who:

- 1) is determined to be unaccompanied per the McKinney-Vento Act and has no communication with or access to or support from a parent or other qualified adult (per s. 743.0645(2), F.S.; see Question 1), who can provide consent for medical or health services for the youth; and
- 2) has received a written certificate from a qualified community authority confirming this status (see Question 10)

Q8. What criteria should be used to certify a youth as homeless and unaccompanied so that the youth can give their personal consent for routine medical treatment?

A The removal of “Disability of Nonage” is provided for “certified unaccompanied homeless youth” in s. 743.067(1)(a), F.S. The youth must be 16 years old or older and determined to be 1) homeless and 2) unaccompanied, both as defined in the federal McKinney-Vento Act.

Q9. Who can make the determination that a youth, 16 years old or older, is homeless and unaccompanied?

A S. 743.067(1)(a), F.S., provides that a school district’s homeless liaison for homeless and unaccompanied children and youth may find that a child or youth qualifies, as well as the following, if they believe a child or youth qualifies under the McKinney-Vento Act (s. 743.067(1)(b), F.S.):

- The director of an emergency shelter program funded by the United States Department of Housing and Urban Development, or the director’s designee;
- The director of a runaway or homeless youth basic center or transitional living program funded by the United States Department of Housing and Urban Development, or the director’s designee;
- A licensed clinical social worker (licensed under Chapter 491, F.S.); or
- A circuit court.

Q10. Is there a certificate for a Certified Unaccompanied Homeless Youth?

A Yes. S. 743.067(2), F.S., provides that, “a minor who qualifies as an unaccompanied homeless youth shall be issued a written certificate documenting his or her status. It is issued by one of the people identified above. A template of a sample form (Attachment 1), that includes the information required by the statute, was distributed to school districts by the Department of Education on September 12, 2014.

A health care provider may accept the written certificate as proof of the minor’s status as an unaccompanied homeless youth and may keep a copy of the certificate in the youth’s medical file.

Note that a Certified Unaccompanied Homeless Youth may not consent to voluntary admission to a psychiatric facility covered by s. 394.4625(1), F.S.

Q11. For what health services may Certified Unaccompanied Homeless Youth give self-consent?

A S. 743.067(3)(b), F.S., provides that a Certified Unaccompanied Homeless Youth may consent to the following health services for him or herself or for his or her child (if the youth is unmarried, is the parent of the child, and has actual custody of the child):

- Medical
- Dental
- Psychological
- Substance abuse
- Surgical diagnosis and treatment, including preventative care
- Any forensic medical examination for the purpose of investigating any felony offense

Health Care Insurance

Q12. What is Florida KidCare? (<https://www.healthykids.org/kidcare/what/>)

A Florida KidCare is Florida’s high-quality, low-cost health insurance for children. The program was created through [Title XXI of the Social Security Act](#) and [reauthorized in 2009](#). Through its four partners, including Florida Healthy Kids, the program covers children from birth through age 18:



The Florida Healthy Kids Corporation

- Administers the Florida Healthy Kids program for children ages 5 through 18.
- Determines eligibility for the non-Medicaid parts of the program.
- Collects monthly premiums.
- Manages the Florida KidCare customer service call center.

The Agency for Health Care Administration

- Administers Medicaid services.
- Administers MediKids program for children ages 1 through 4.
- Works with the federal government to make sure the Florida KidCare program follows all federal laws and rules.

The Department of Children and Families

- Determines eligibility for the Medicaid program.
- Administers the Behavioral Health Network for children ages 5 through 18 with serious emotional disturbances.

The Department of Health

- Administers the Children’s Medical Services Network (CMSN) for children with special health care needs from birth through age 18.

Q13. What are the Florida KidCare eligibility criteria? (<https://www.healthykids.org/kidcare/eligibility/>)

A Florida Kid Care is for children, not adults. To qualify for premium assistance, a child must:

- Be under age 19
- Meet income eligibility requirements
- Be a U.S. citizen or qualified non-citizen
- Not be in a public institution

Q14. How much does Florida KidCare cost?

A For children and youth who are covered under Medicaid, there is no charge. For children and youth covered under other Florida KidCare programs, there are monthly premiums depending on household's size and income. Most families pay \$20.00 a month or less. Families may have to pay small charges or co-payments for some services. Note that a child who is a member of a federally recognized American Indian or Alaskan Native tribe may qualify for no-cost Florida KidCare coverage.

Q15. What are Medicaid and CHIP? How does CHIP relate to KidCare?

A Medicaid and the Children's Health Improvement Program (CHIP) are both health insurance programs financed by a combination of federal and state funds and administered by the state. They can provide health insurance for eligible unaccompanied youth who otherwise could not afford medical care. Medicaid and CHIP eligibility varies from state to state, but is subject to minimum coverage requirements set by federal law. While Medicaid is targeted at very low-income children, CHIP is targeted to provide coverage for children from families whose income is too high to be eligible for Medicaid, but who cannot afford private coverage. **In Florida, CHIP is known as Florida KidCare.**

Q16. Can an unaccompanied homeless minor qualify for Medicaid?



A Yes. All youth up to age 19 living at or below the federal poverty level are eligible for Medicaid in all states. Moreover, in every state, youth up to age 19 are eligible for either Medicaid or CHIP (Florida KidCare) up to higher income levels.^{xii} Thus, almost all homeless youth under age 19 should be eligible for Medicaid or Florida KidCare. Note that the process for obtaining coverage can be slow, so maintain a working relationship with local Medicaid staff and get started on an application as soon as possible.

Q17. What are the Medicaid eligibility criteria that specifically address homeless youth?

A In an October 21, 2013 letter to Florida Legal Services, Inc., of Tallahassee, Cindy Mann, Director of the Centers for Medicare and Medicaid Services at the U.S. Department of Health and Human Services^{xiii} clarified the "rights of unaccompanied homeless youth to obtain Medicaid coverage." The letter states:

Beginning January 1, 2014, the minimum Medicaid income eligibility limit for children under age 19 will increase to 133 percent of the federal poverty level (FPL). In addition, uninsured children aged 1 to 18 will be covered up to 200 percent of the FPL under Florida's Children's Health Improvement Program (CHIP)*. . . Children who are not in the physical custody of a parent would typically be determined eligible based solely on their own income.

There is no requirement to reside with a parent or guardian in order to be eligible for Medicaid under the mandatory children's groups. Eligibility under the section 1931 group for low income families is based on the state's 1996 Aid to Families with Dependent Children (AFDC) policies, which may include a requirement for children to reside with their families. However, any child who meets the income limits for the 1931⁺ group would also be eligible under the mandatory group for children, so his or her living situation should not pose a barrier to eligibility . . .

If an unaccompanied child is too young to file a Medicaid application in Florida, an adult acting responsibly for the child (who does not need to be a relative or a legal guardian) may submit the application on the child's behalf. A child's living situation should never create a barrier to his or her access to Medicaid and CHIP coverage.

*CHIP in Florida is known as "Florida KidCare."

†1931 is a reference to section 1931 of the Social Security Act, a category of Medicaid eligibility for low-income parents and caretakers that requires the state to provide Medicaid coverage to those parents/caretakers, pregnant women, and dependent children with income below certain AFDC income thresholds.^{xiv}

According to DCF's Medicaid web site (<http://www.myflfamilies.com/service-programs/access-florida-food-medical-assistance-cash/medicaid>), "Parents and caretakers may apply for Medicaid on behalf of children under age 21 living in their home, if the family income is under the limit for the age of the child. There is no requirement for a child to reside with an adult caretaker to qualify for Medicaid."

The Medicaid application process is located on DCF's ACCESS Florida web site, <http://www.myflorida.com/accessflorida/>. You can locate local ACCESS Florida partners on the Internet at: <http://www.dcf.state.fl.us/access/CPSLookup/search.aspx>.

Q18. Can unaccompanied homeless youth qualify for both Medicaid and federal food assistance programs?

A Yes. UHY can receive benefits from both Medicaid and the Supplemental Nutrition Assistance Program (SNAP) (<http://www.myflfamilies.com/service-programs/access-florida-food-medical-assistance-cash/food-assistance-and-suncap>) simultaneously.

Social Security

Q19. How can a homeless youth obtain a Social Security number (SSN)?

A Detailed information about obtaining a SSN can be found at: <http://www.ssa.gov/ssnumber/>. This site provides information on the documents the youth needs, the application form, and a local Social Security Administration (SSA) office locator.

Youth age 12 and older can apply for a SSN or replacement card. Youth need a SSN to get a job, collect Social Security benefits, and access other federal government services. The SSA must verify a birth record for all U.S.-born applicants who apply for an original SSN.

Q20. How is citizenship verified for a SSN?

A The SSA will accept only a U.S. birth certificate or a U.S. passport.

Q21. How is age verified for a SSN?

A The SSA will accept a birth certificate issued by a U.S. state to verify age, though a passport can verify age as well. Additionally, a youth, age 12 or older, requesting an original SSN, must appear in person for an interview. The youth will be asked for evidence to show that he/she does not have a SSN such as:

- Youth who lived outside the United States for an extended period, need to present a current or previous passport, school and/or employment records, and any other record that would show long-term residence outside the United States in order to show that the child or youth does not have a SSN.

- Youth who have lived only in the United States and are applying for an original SSN may be asked by the SSA for information about the schools the youth attended or to provide copies of tax records that would show that the youth was never assigned a SSN.

Q22. How is identity verified for a SSN?

A An acceptable document for the SSA must show the youth's name, identifying information and preferably a recent photograph. The youth must be present unless the picture identification also shows the youth's biographical information (i.e., age, date of birth, or parents' names). The SSA generally can accept a non-photo identity document if it has enough information to identify the child (such as the child's name and age, date of birth or parents' names), though they prefer to see the youth's U.S. passport. If that document is not available, the SSA can also accept the youth's:

- Adoption decree;
- Doctor, clinic or hospital record;
- Religious record (e.g., baptismal record);
- School record; or
- School identification card.

If the youth is unaccompanied under McKinney-Vento, it is also recommended that the Certified Homeless Youth form used for accessing the birth certificate be included in the application. Otherwise, the SSA requires identify documentation from the parent (U.S. driver's license, state ID card, U.S. passport, U.S. military ID card, etc.).

All documents must be either originals or copies certified by the issuing agency. The SSA cannot accept photocopies or notarized copies of documents, nor can it accept a receipt showing you applied for the document.

Q23. How can a homeless youth obtain a replacement Social Security (SS) card?

A The SSA web site (<http://www.ssa.gov/ssnumber/>) provides information on the documents the youth needs, the application form, and a local SSA office locator.

A youth can replace a SS card for free if it is lost or stolen.

In most cases, the only documentation needed to obtain a replacement SS card is to verify the youth's identity. An acceptable document shows the youth's name, identifying information, and preferably a recent photograph. If that document is not available, the SSA may accept the youth's:

- Adoption decree;
- Doctor, clinic or hospital record;
- Religious record (e.g., baptismal record);
- School record; or
- School identification card.

If a Florida youth is unaccompanied under McKinney-Vento, it is recommended that the Florida Certified Homeless Youth form used for accessing the birth certificate be included in the application. Otherwise, the SSA requires identification documentation from the parent (U.S. driver's license, state ID card, U.S. passport, U.S. military ID card, etc.).

All documents must be either originals or copies certified by the issuing agency. The SSA will not accept photocopies, notarized copies of documents, or a receipt showing the youth applied for the document.

Other Health Services Questions for Homeless Education Liaisons

Q24. How can communities help UHY access health services?

A In order to provide a continuum of care from outreach efforts to the delivery of services, intensive case management is a best practice. UHY need extra help navigating a health care system that is often confusing, even to homeless adults.^{xv}

The following are strategies employed with some success by Florida's district homeless liaisons.

- When homeless children or youth have to live temporarily with an adult relative or family friend due to loss of housing, ask the parent or legal guardian to sign a health care power of attorney.
- Seek consent from another qualified adult (see response to Question 3)?
- Establish a working relationship with local *Health Care for the Homeless* providers (<http://www.nhchc.org/hchdirectory/fl/>).
- Ahead of time, work with local health services providers to establish a process for UHY to access health services.
- Engage the assistance of the local Department of Children and Families (DCF) office that works with providers that serve people experiencing homelessness (to identify these providers in your area, go to <http://www.myflfamilies.com/service-programs/homelessness>, click on "Lead Agencies," and enter the appropriate zip code).

Q25. What are the state requirements for school health examinations and immunizations?

A S. 1003.22(1), F.S., requires that any student upon initial entrance to school, mostly kindergartners, present a certification of a school-entry health examination. If the student does not have this certification, they can be enrolled and, if the school district has adopted a policy, a 30-day temporary exemption can be issued while records are obtained.

S. 1003.22(4), F.S., requires that students seeking initial entrance to school, mostly kindergartners, must have certification of immunization prior to enrollment.

NOTE: s. 1003.22(5) provides that students can be exempt from either the health exam or the immunization requirement, or both, under any one of the following conditions:

- (a) The parent of the child objects, in writing, that the administration of immunizing agents conflicts with his or her religious tenets or practices
- (b) A (licensed) physician . . . certifies, in writing, . . . that the child should be permanently exempt from the required immunization for medical reasons . . .
- (c) A (licensed) physician . . . certifies, in writing, . . . that the child has received as many immunizations as are medically indicated at the time and is in the process of completing necessary immunizations

- (d) The Department of Health determines that, according to recognized standards of medical practice, any required immunization is unnecessary or hazardous
- (e) An authorized school official issues a temporary exemption, for up to 30 school days, to permit a student who transfers into a new county to attend class until his or her records can be obtained. Children and youths who are experiencing homelessness and children who are known to the department . . . shall be given a temporary exemption for 30 school days.

NOTE: The McKinney-Vento Act does not provide a time limit for obtaining enrollment documentation. A student cannot be denied initial or continued enrollment due to circumstances, related to their homelessness, that keep them from obtaining necessary documentation. However, if a family fails to make an adequate and timely effort to obtain documentation, not due to the circumstances of their homelessness, then the LEA can execute its enrollment policy, as it would in the case of a non-homeless student.

Q26. Who can assist enrolling homeless students who need school health examination and immunization documentation?

- A S. 1003.22(1), F.S., requires LEAs to assist students to obtain the health examinations.
- S. 722(g)(3)(C)(iii) of Title X, Part C of the No Child Left Behind Act (the McKinney-Vento Act), requires the LEA homeless liaison to “assist in obtaining necessary immunizations, or immunization or medical records.”
- S. 1003.22(5)(e), F.S., requires the public school health nurse assist each homeless student who does not have school-entry health exam or immunization documentation “until proper documentation or immunizations are obtained.”

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Panhandle Area Education Consortium, Washington County Public Schools

Hillsborough County Schools, Office of Student Services

National Association for the Education of Homeless Children and Youth

Santa Rosa County Public Schools, Office of Federal Programs

Seminole County Public Schools, Families in Transition Office

Contact

Homeless Education Program

Bureau of Federal Educational Programs
Florida Department of Education
325 West Gaines Street
Tallahassee, Florida 32399-0400
850-245-0479

Attachment 1

Unaccompanied Homeless Youth Certificate Template

SCHOOL DISTRICT'S
LETTERHEAD

Unaccompanied Homeless Youth Certificate
For the Purposes of Accessing Health Services

Re: _____ Date of Birth: _____
(Name of Youth, please type or print clearly) *(Month/Day/Year)*

Current Mailing Address of Youth (if none, please list name, phone number, and mailing address of current contact):

(Address) (City) (State) (Zip) (Telephone)

Per Section 743.067, Florida Statutes, I am authorized to determine that this youth is an unaccompanied homeless youth who is 16 years of age or older and is eligible for services pursuant to the McKinney-Vento Homeless Assistance Improvements Act, 42 U.S.C. §11431-11435, and am providing this form of certification as the (please check):

_____ McKinney-Vento School District Liaison for Homeless Children and Youths

I also hereby certify that the above-named youth (please check):

_____ WAS IDENTIFIED AS AN UNACCOMPANIED HOMELESS YOUTH ON _____
(Month/Day/Year)

Should you have additional questions or need more information about this youth, please contact me at the number listed in the box below.

I, _____, hereby attest that the information provided by me is true to the best of my knowledge.
(Name of Youth, please type or print clearly)

Signature of Unaccompanied Homeless Youth _____ Date Signed _____

Signature of Homeless Liaison Certifying Youth _____ Date Signed _____

Print Name of Person Certifying Youth _____ Telephone Number _____

Official Title of Homeless Liaison Certifying Youth _____ Name of School District and State _____

ENDNOTES

- ⁱ See, for example, *An Analysis of Bronfenbrenner's Bio-Ecological Perspective for Early Childhood Educators: Implications for Working with Families Experiencing Stress*. Swick, K. J., & Williams, R. D. (2006). *Early Childhood Education Journal*, 33(5). 371-378 and *Socioeconomic disadvantage and child development*. McLoyd, V. (1998). *American Psychologist*, 53(2). 185-204.
- ⁱⁱ *The Lifelong Effects of Early Childhood Adversity and Toxic Stress*. Shonkoff, J., & Garner, A. S. (2012) *Pediatrics*, 129(1). e232-e246.
- ⁱⁱⁱ Title X, Part C, Subtitle B, Section 275(6), No Child Left Behind Act.
- ^{iv} *Understanding Homeless Youth: Numbers, Characteristics, Multisystem Involvement, and Intervention Options*, Testimony Given by Burt, M. before the U.S. House Committee on Ways and Means, Subcommittee on Income Security and Family Support, June 19, 2007. <http://www.urban.org/>
- ^v *Understanding the Health Care Needs of Homeless Youth*, Health Care for the Homeless Branch, Primary Health Care, US Department of Health and Human Services (2001) <http://bphc.hrsa.gov/archive/policiesregulations/policies/pal200110.html>
- ^{vi} Ibid
- ^{vii} Ibid
- ^{viii} Section 743.067, Florida Statutes.
- ^{ix} Ibid
- ^x Section: 743.064, Florida Statutes
- ^{xi} Section 743.067, Florida Statutes
- ^{xii} *Health Coverage for Children and Families in Medicaid and SCHIP: State Efforts Face New Hurdles*. Kaiser Commission on Medicaid and the Uninsured, January 2008. <http://www.kff.org/medicaid/7740.cfm>
- ^{xiii} Correspondence from Cindy Man, Director of the Centers for Medicare and Medicaid Services, U.S. Department of Health and Human Services to Anne Swerlick, Deputy Director of Advocacy, Florida Legal Services, Inc. date stamped October 21, 2013
- ^{xiv} *Medicaid and CHIP in 2014: Eligibility final Rule Wrap Up*, Center for Medicaid and Chip Services, May 10, 2012
- ^{xv} *Unaccompanied Youth's Rights to Consent for Medical Treatment*. National Association for the Education of Homeless Children and Youth (NAEH CY)