

STUDENT HOUSING QUESTIONNAIRE (SHQ)

ATTENTION parents, legal guardians, 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 **who lack a fixed, regular, and adequate nighttime residence** as defined by Subtitle VII-B of the McKinney-Vento Homeless Assistance Act (42 U.S.C. 11431 et seq.). According to this federal regulation, Broward County Public Schools is responsible for removing systemic barriers to the education of students experiencing homelessness by implementing the provisions of the law through the Homeless Education Assistance Resource Team (HEART).

INSTRUCTIONS: ONLY COMPLETE THIS QUESTIONNAIRE IF YOU DO NOT OWN OR LEASE A RENTAL PROPERTY IN YOUR NAME.

By completing this questionnaire, your school-aged child(ren) (or unaccompanied homeless youth) may qualify for McKinney-Vento services and resources through the HEART program to help ensure educational stability.

PLEASE RETURN THIS FORM TO YOUR CHILD OR CHILDREN'S SCHOOL(S) IMMEDIATELY!

1. WHO DOES THE STUDENT(S) LIVE WITH?

- ☐ Parent
☐ Legal guardian
☐ An adult (+18) caring for student(s) who is/are currently unable to live with their parent or legal guardian*
☐ I am an **unaccompanied youth**. I do not live with either of my parents or a legal guardian currently.

***IMPORTANT: Please contact the student's school to complete the required HEART Caregiver Authorization Form.**

2. I CURRENTLY RESIDE IN ONE OF THE NIGHTTIME RESIDENCES LISTED BELOW WITH MY SCHOOL-AGED CHILD(REN)/STUDENTS:

- ☐ In an emergency or transitional shelter, abandoned in hospital (A)
☐ Sharing housing with a family member or friend (doubled-up) due to loss of housing, economic hardship, or similar reason (B)
☐ In a vehicle, park, temporary trailer park or campground due to lack of alternative adequate accommodations; public spaces, 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 setting (D)
☐ In a hotel or motel due to lack of alternative adequate accommodation due to loss of housing, financial hardship, or similar reason (E)

*** Please check one:** ☐ hotel or motel that I am paying for myself
☐ hotel or motel paid for by a social services agency or organization

3. WHAT CAUSED YOU AND YOUR CHILD(REN), OR UNACCOMPANIED YOUTH TO LIVE IN YOUR CURRENT NIGHTTIME RESIDENCE?

- ☐ Man-made Disaster (D) ☐ Unknown (U) ☐ Pandemic (P)
☐ Flooding (F) ☐ Earthquake (E) ☐ Tornado (T)
☐ Mortgage Foreclosure (M) ☐ Hurricane (H) ☐ Wildfire (W)
☐ Tropical Storm (S)
☐ Other homeless cause: lack of affordable housing, long-term poverty, unemployment or underemployment, domestic violence, forced eviction, etc. (N)

PLEASE COMPLETE THE REQUESTED INFORMATION BELOW FOR ALL SCHOOL-AGED CHILDREN (PREK-12) ENROLLED IN, OR SOON TO BE ENROLLED IN A BROWARD COUNTY, FL PUBLIC OR CHARTER SCHOOL. IF YOU HAVE CHILDREN ENROLLED IN MULTIPLE SCHOOLS, PLEASE RETURN A COMPLETED QUESTIONNAIRE TO EACH SCHOOL. NOTE: If your child(ren) are McKinney-Vento eligible, you will receive an Acceptance Letter for each child.

Student's Full Name (First, Middle Initial, and Last)	Student ID #	M/F	Date of Birth (mm/dd/yyyy)	Grade	School Currently Enrolled

4. 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.

By signing below, I am attesting that the information provided is accurate and true:

_____ Parent/Guardian Print Full Name		_____ Relationship to student(s)		_____ Signature		_____ Date	
_____ Student(s) Current Address		_____ City, State, Zip Code		_____ Student(s) Former Address		_____ City, State, Zip Code	
_____ Length of time at current address		_____ Telephone Number		_____ E-mail Address			

☐ I was given authorization by the parent, guardian, caregiver, or unaccompanied homeless youth named above, to complete the SHQ on behalf of the identified student(s) listed above.

Name of person completing this form:

Signature

Title/Organization