

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.

Student's Full Name (first and last) By signing below, I am attes Print Full Name (person com		M/F		Signature	School Currer	Date Zip Code
Student's Full Name (first and last) By signing below, I am attes	sting that the informa		(mm/dd/yyyy) vided is accurate:		School Currer	
Student's Full Name	Student ID #	M/F		Grade	School Currer	ntly Enrolled
Student's Full Name	Student ID #	M/F		Grade	School Currer	ntly Enrolled
Student's Full Name	Student ID#	M/F		Grade	School Currer	ntly Enrolled
completed questionnaire to						
s either parent employed in * IMPORTANT: Please compleenrollment in a Broward Co	e; Unemployment; Me ical Storm (S) agriculture or fishin lete the requested info unty, FL public or cha	edical/M T ng indu	lental Disability; Pornado (T) Ustries anytime in below for all school	overty; Lac Jnknown (l the past tool-aged ch	J) ☐ Wildfire or h three years? ☐ Ye ildren (PreK-12) enre	using (N) nouse fire (W) es
_ s. What caused your temp	orary residence?			` ,		
☐ In an emergency or transitio☐ Temporarily with a family mo☐ In a vehicle, trailer park or c☐ In a hotel or motel due to los	ember or friend (doul ampground, abando	ned bui	ding, or other sub	standard h		milar reason (B)
2. Where do you currently ☐ I rent or own my home →		КІР ТО	#4.			
I am an unaccompanied you		either (of my parents or a	legal guar	dian at this time.	
		l to com			Authorization Form.	
Name (first and last):						
Legal guardian An adult (18+) caring for stu Name (first and last): ***********************************		o live w	ith parent or legal	guardian a	t this time	

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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