

Tel #: (754) 321-1566

**STUDENT HOUSING QUESTIONNAIRE (SHQ)**

NOTE: If you rent or own your home, **PLEASE DO NOT** complete this questionnaire.

**INSTRUCTIONS: PLEASE COMPLETE THIS QUESTIONNAIRE ONLY IF**  
*You DO NOT have a lease or mortgage in your name (do not rent or own your home).*  
 Have your child return the questionnaire to his/her first period classroom teacher. If you have children at multiple schools, please return a questionnaire to each school.

**ATTENTION parents, caregivers and unaccompanied youth:**

*The purpose of this questionnaire is to help identify school-aged children and youth who are living in transition (experiencing housing instability) that may qualify for services provided by our program to ensure school stability.*

**1. With whom does the student(s) live?**

- Parent
- Legal guardian
- Adult caring for student unable to live with parent or legal guardian
- I am a student (unaccompanied youth) NOT living with a parent or legal guardian at this time

**2. Where do you currently live?**

- In an emergency or transitional shelter (A)
- Temporarily with a family member or friend (doubled-up) due to loss of housing, financial hardship, or similar reason (B)
- In a vehicle, trailer park or campground, abandoned building, or other substandard housing (D)
- In a hotel or motel due to loss of housing, financial hardship, or similar reason (E)

**3. What caused your temporary residence?**

- Other:** Eviction; Domestic Violence; Unemployment; Medical/Mental; Long-term Poverty; Lack of Affordable Housing (O)
- Mortgage Foreclosure (M)     Hurricane (H)     Earthquake (E)     Flood (F)     Man-made Disaster (D)
- Tropical Storm (S)         Tornado (T)         Wildfire or house fire (W)

\*Please complete the requested information below for your children (PreK-12). Use the back of this form if needed.

Student's Full Name (First and Last)	Student ID #	M/F	Date of Birth (mm/dd/yy)	Grade	School Name

**4. By signing below, I am attesting that the information provided is accurate:**

\_\_\_\_\_  
**PRINT FULL NAME** (Person completing this form)                                      **SIGNATURE**                                      **DATE**

---

\_\_\_\_\_  
**MAILING ADDRESS**                                                                                      **CITY**                                                                                      **STATE**                                                                                      **ZIP CODE**

Telephone #: \_\_\_\_\_                                      E-mail: \_\_\_\_\_

**THANK YOU** for your time! You will receive a letter or e-mail from HEART regarding program enrollment.

*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.*

**SCHOOL STAFF ONLY:** Please return to the HEART Program along with a HEART Registration Form via pony to:  
 Lauderdale Manors Early Learning & Family Resource Center; Attention: HEART Location #9805