



Tel #: (754) 321-1566

## BROWARD COUNTY PUBLIC SCHOOLS

Student Services Department - Homeless Education Assistance Resource Team (H.E.A.R.T.)

### 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