



**Miami-Dade County Public Schools
Department of Title I Administration
Children and Youth in Transition Program
Project UP-START Student Eligibility Questionnaire**

This questionnaire is intended to help determine eligibility of services under the federal McKinney-Vento Act. 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 second degree.

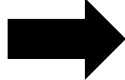
Project UP-START services are confidential and this form is not to be shared with outside community agencies.

SECTION A: The student currently has housing that is Fixed, Regular, and Adequate.

Parent/Guardian Initial: _____

Student Name: _____

Student ID#: _____



Rent/own your home

Live in foster care placement



Please do not continue completing this form if you checked one of the boxes above.

SECTION B: The student does NOT currently have housing that is Fixed, Regular, and Adequate.

Please continue below if your child is a student that:

| The current nighttime residence is... (check only one) | | Was displaced from household because of... (check only one) | |
|---|--|--|--|
| <input type="checkbox"/> In emergency or transitional shelters, FEMA trailers, or abandoned in hospitals (A) | | <input type="checkbox"/> Natural Disaster - Hurricane (H) | |
| <input type="checkbox"/> Temporarily sharing the housing of other persons due to economic hardship (B) | | <input type="checkbox"/> Natural Disaster - Flooding (F) | |
| <input type="checkbox"/> Living in a vehicle of any kind, trailer park or campground, parks, abandoned buildings, public place, or substandard housing (e.g. no running water no electricity/mold infested) (D) | | <input type="checkbox"/> Natural Disaster - Tropical Storm (S) | |
| <input type="checkbox"/> In a motel/hotel due to loss of housing, economic hardship, or similar reason (E) | | <input type="checkbox"/> Natural Disaster - Tornado (T) | |
| | | <input type="checkbox"/> Man-made Disaster/Fire (D) | |
| | | <input type="checkbox"/> Mortgage Foreclosure (M) | |
| | | <input type="checkbox"/> Lack of affordable housing, eviction, mental illness, unemployment, domestic violence (O) | |
| | | <input type="checkbox"/> Parents/Caregiver is incarcerated | |
| | | <input type="checkbox"/> Unknown/Other: _____ (U) | |

Please list the names of all students who are active in M-DCPS.

| Student Name (Last, First) | Student ID# | Date of Birth | Grade | School/Location # |
|----------------------------|-------------|---------------|-------|-------------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Current Address: _____ **Apt:** _____ **City:** _____ **Zip:** _____

Contact Phone: _____ **Email:** _____

Name of Parent/Guardian: _____ **Date:** _____

SECTION C: Unaccompanied Youth must complete this section.

Student is living alone without an adult. Student is living with an adult that is NOT a parent/guardian.

Caregiver Name: _____

Please complete the FM-7402 (Caregiver's Authorization Form).

SECTION D: Parents, Guardians and/or Unaccompanied Youth must complete this section, prior to submitting the Questionnaire for processing.

The undersigned certifies that the information provided is accurate.

Signature of Parent/Guardian OR Unaccompanied Student

Date

SCHOOL/AGENCY STAFF USE ONLY

SCHOOL/AGENCY STAFF CONTACT INFORMATION

School/Agency Name: _____ **Location #:** _____

Staff Name: _____ **Telephone #:** _____ **Extension:** _____

Please fax the following completed forms to 305 579-0370, via email to projectupstart@dadeschools.net, or send forms to Location #9102:

- ▶ FM-7378
- ▶ FM-7402, FM-7404, and FM-7405, as applicable

Fax/Email Date: _____