 **Leon County School District**

2757 West Pensacola Street \* Tallahassee, FL 32304 \* Phone 850-487-7226\*www.leonschools.net

**2020-2021 Student Residency Questionnaire**

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| **Section A: Housing is Fixed, Regular, and Adequate** | | | | | | | |
| Please DO NOT complete this form, if you currently:   * Rent/own your home **OR**  Live with someone by choice (not due to financial hardship) | | | | | | | |
| **Section B: Housing is NOT Fixed, Regular, and Adequate (Complete all sections below and return to school)** | | | | | | | |
| Student(s) Current Nighttime Residence:   * In an emergency/transitional shelter (A) * Temporarily with another family due to loss of housing, economic hardship, or similar reason (B) * In a vehicle of any kind, trailer park or campground, abandoned building or other substandard housing (D) * In a hotel/motel due to loss of housing, economic hardship, or similar reason (E)   How long have you been at this temporary residence? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | Cause of Temporary Residence:   * Foreclosure (M) * Natural Disaster Type: **Circle One**   Earthquake, Flood, Hurricane, Tornado Tropical Storm, Wildfire/Fire   * Other: (Please Explain) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   **Example:** Lack of affordable housing, long term poverty, unemployment, domestic violence, eviction, mental illness, lack of health care | | |
| **Section C: Student Information (All LCS students including pre-school children living together as indicated above)** | | | | | | | |
| Student Name | Student ID# | M/F | | DOB | | Grade | School |
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| Current Street Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_  Contact Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Name of Parent(s) / Legal Guardian(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | |
| **Section D: Unaccompanied Homeless Youth Must Complete This Section** (U) | | | | | | | |
| * Student is living with an adult that is not a parent or legal guardian.   Caregiver Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Relationship to student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | * Student is living alone without an adult.   How long has the student been living alone?  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |
| Additional protective rights and services may be available to qualified families. These rights include immediate school enrollment, free meals, school stability, and transportation to the school of origin (if over 2 miles).  **\*\*\*If Transportation is needed, call 850-487-7226 and check this box.**   * Please check if you allow this information to be released to social service agencies for possible assistance. **Expires 6/30/21** | | | | | | | |

***The undersigned certifies that the information provided is accurate.***

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**Signature of Parent/Legal Guardian (OR) Unaccompanied Homeless Youth Date**

Florida Statutes 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.

**\*Forward a copy of this form to the Families in Transition Office via county mail. Maintain original is in student’s cumulative file**.

The answers to this residency questionnaire help in determining eligibility of services that may be received through the federal McKinney-Vento Homeless Assistance Act 42 U.S.C. 11435. For questions regarding this form, please call the FIT office at 487-7226.

LCS – 5/30/19