

POLK COUNTY SCHOOL BOARD
2020-2021 Student Housing Questionnaire

The answers to this housing questionnaire **help in determining eligibility of services** that may be received through the federal McKinney-Vento Homeless Assistance Act. The PCPS McKinney Vento Program office: 863.457.4709.

1. Where are you and your family currently staying? check one box. (Section A & B)

A)
 Rent/own my own home or apartment.
STOP: If you rent/own your own home, you do not need to complete form any further or return survey.

B)
 Had to move in with another family/friend **due to loss of housing and/or economic hardship**, etc.
 Living in a car, park, campground, public space, abandoned building, substandard housing or similar setting.
 In a motel or hotel. Motel Name: _____
 Living in an emergency or transitional shelter. Shelter Name: _____
 Unknown nighttime residence.
Unaccompanied Youth - not in the physical custody of a parent or guardian: Check box below and one box above.
 Student is with an adult that is not a parent or legal guardian, or alone without an adult.

2. Cause for loss of housing: Check <u>one</u> Box.			2. Unaccompanied Youth:
<input type="checkbox"/> Mortgage Foreclosure	<input type="checkbox"/> Eviction – Own Place	<input type="checkbox"/> Domestic Violence	<input type="checkbox"/> Had to leave house / Locked out of house
<input type="checkbox"/> Unemployment	<input type="checkbox"/> Eviction – Shared Housing	<input type="checkbox"/> Man-made Disaster	<input type="checkbox"/> Parent Incarcerated
<input type="checkbox"/> Fire	<input type="checkbox"/> Other _____		<input type="checkbox"/> Parent Deceased
<input type="checkbox"/> Natural Disaster (Circle One: earthquake, flooding, hurricane, tropical storm, tornado, wild fire, other).			<input type="checkbox"/> Other

List **ONLY** children that are living in the situation checked in Section B attending Polk County Schools (PK – 12th) or Adult School:

Student(s) Name	Birth Date	Grade	School	Student ID #
First Last				

Contact Information Parent/Guardian/Caretaker Name (Print): _____
 Phone: _____ Address: _____
 Person Staying with (name): _____ Relationship to student: _____

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).

*I attest that the information contained on this form is correct to the best of my knowledge.
 Parent/Guardian's Signature: _____ 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.

Directions to school staff - Return to: Hearth Project – District Office, Route E or fax 863-534-0210. For students with a positive response in the 1 st and 2 nd sections (any box checked or YES circled), by federal law, the student must be enrolled in classes immediately, regardless of missing enrollment paperwork.	School Staff Only: (Circle) SS BB HP E
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By signing below, I hereby give permission to the Polk County School Board's Hearth Project to share the following information with the Homeless Coalition of Polk County for statistical purposes in helping to secure funding for homeless services in Polk County. **I understand that I am not required to grant permission for this purpose, but chose to do so to assist as mentioned:**

First initial, last name, date of birth, race, sex, ethnicity, and housing situation for each student listed AND First initial, last name, date of birth, race, sex, ethnicity, veteran's status, and housing situation for myself.

Signature of parent/guardian

Date

Parent/Guardian Information:

Date of Birth: ____ / ____ / ____

Race: _____

Sex: M / F

Hispanic: YES / NO

Veteran: YES / NO

List **ONLY** children living in the situation checked in Section B (front) that are attending PCPS (PK – 12th grade) or Adult School:

Student First Initial	Student Last Name	Birth Date	Sex	Race	Hispanic /Latino
			M / F		YES / NO
			M / F		YES / NO
			M / F		YES / NO
			M / F		YES / NO
			M / F		YES / NO
			M / F		YES / NO

RACE: A – Asian **AI/AN** – American Indian/Alaskan Native **B/AA** – Black/African American **NH/PI** – Native Hawaiian/Pacific Islander **W** – White

The School District of Polk County does not discriminate on the basis of race, color, national origin, gender, age, disability or marital status in its educational programs, services or activities, or in its hiring or employment practices. The district also provides equal access to its facilities to the Boy Scouts and other patriotic youth groups, as required by the Boy Scouts of America Equal Access Act. Questions, complaints, or requests for additional information regarding discrimination or harassment may be sent to: Equity & Compliance Analyst, P.O. Box 391, Bartow, Fl. 33831; (863) 534-0513 or (863) 534-0781.

Staff Use Only:

____ PRG Sent: ____ / ____ / ____

____ Entered