

The answers to this residency questionnaire will help in determining eligibility of services that may be received through the federal McKinney-Vento Homeless Assistance Act 42 U.S.C. 11435. **Florida Statutes 837.06 provides that whoever knowingly makes a false statement in writing with the intent to mislead a public servant in performance of his or her official duty shall be guilty of a misdemeanor of the second degree.** For questions regarding this form, please call the DMVP office at (904)390-2222.

SECTION A: HOUSING IS FIXED, REGULAR, AND ADEQUATE Please DO NOT complete this form, if you currently:

- **Rent/own your home**
 - **Relocated to the area but NOT DUE to a Financial Hardship**
 - **Moved from one area to another in the same city NOT DUE to a Financial Hardship**
 - **Live with someone by choice NOT DUE to financial hardship**
- Please contact the Office of School Choice and Enrollment at (904)390-2082 or 4037 Boulevard Center Dr., 32207 1st Floor.

SECTION B: WHAT IS YOUR FAMILY'S CURRENT NIGHTTIME RESIDENCE? PLEASE CHECK ALL THAT APPLY

- Shelter (A) Doubled-up/Sharing the home of others (B) Hotel/Motel/Airbnb (E)
 Car/Park/Trailer/Abandoned Building/Substandard Housing (e.g., no water, no electricity, mold infestation) (D)

How long have you been at this temporary residence? _____

SECTION C: CAUSE OF TEMPORARY RESIDENCE

- Pandemic (P) Hurricane (H) Flooding (F) Man-Made Disaster/Fire (D) Mortgage Foreclosure (M)
 Tropical Storm (S) Tornado (T) Wild Fire (W) Parent/Caregiver is incarcerated
 Lack of affordable housing/eviction, domestic violence, unemployment, etc. (N)
 Other: (Please Explain) _____

SECTION D: STUDENT INFORMATION : WHO IS/ARE THE STUDENT(S) THAT YOU ARE COMPLETING THIS FORM?

Student First and Last Name	Student ID #	M/F	DOB	Grade	School To Attend

SECTION E: PARENT/LEGAL GUARDIAN CONTACT INFORMATION (DO NOT COMPLETE SECTION F)

Current Street Address: _____ City: _____ Zip: _____
 Contact Phone Number: _____ Email: _____
 Name of Parent(s) / Legal Guardian(s): _____

SECTION F: Unaccompanied Homeless Youth Must Complete This Section (U)

- Student is living with an adult that is not a parent or legal guardian. Student is living alone without an adult.
 Caregiver Name: _____ How long has the student been living alone? _____
 Relationship to student: _____ Phone: _____

Please check if your student needs additional assistance with:

School Bus Transportation School Supplies Uniforms

Please check if you allow this information to be released to social service agencies for possible assistance. Expires 6/30/24

The undersigned certifies that the information provided is accurate.

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

Date

Forward a copy of this form to the Duval McKinney-Vento Office via e-mail. Maintain original in student's cumulative file.