

Miami-Dade County Public Schools Department of Title I Administration Children and Youth in Transition Program

2020-2021 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. Rent/own your home Parent/Guardian Initial: Live in foster care placement STOP Student Name: ___ Please do not continue completing this form Student ID#: if you checked one of the boxes above. If none of the boxes above are checked, please proceed to the next section. 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) ■ Pandemic (A) ■ Natural Disaster - Hurricane (H) ☐ In emergency or transitional shelters, FEMA trailers, or abandoned in hospitals ■ Natural Disaster - Flooding (F) ■ Temporarily sharing the housing of other ■ Natural Disaster - Tropical Storm (B) (S) persons due to economic hardship ■ Natural Disaster - Tornado (T) ☐ Living in a vehicle of any kind, trailer park or ■ Man-made Disaster/Fire (D) (D) ■ Mortgage Foreclosure (M) campground, parks, abandoned buildings, public ☐ Lack of affordable housing, eviction, place, or substandard housing (e.g. no running water (O) no electricity/mold infested) mental illness, unemployment, domestic violence ☐ Parents/Caregiver is incarcerated ■ In a motel/hotel due to loss of housing, (E) economic hardship, or similar reason ☐ 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 # Email: _____ Contact Phone: Name of Parent/Guardian: 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 #: _____ Telephone #: _____ Extension: ___ Staff Name: ___ 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 Note: This form does not trigger a call to the family. For more services, forms FM-7404 and/or FM-7405 must be submitted. Fax/Email Date: