



**Miami-Dade County Public Schools**  
**Division of Student Services**  
**Project UP-START, Children and Youth in Transition Program**  
**Student Residency 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 the second degree.

**SECTION A: Housing is Fixed, Regular and Adequate.**

**STEP 1: DO NOT proceed to Step 2, if you currently:**

- Rent/own your home
- Live with someone or another family by choice (not due to financial hardship)
- Live in foster care placement

**SECTION B: Housing is NOT Fixed, Regular, and Adequate.**

**STEP 2: Please complete all sections.**

Student's Current Nighttime Residence		Reason Student was Displaced	
<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 (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"/> Awaiting foster care placement (F)		<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"/> Unknown/Other _____ (U)	

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

Student Name	Student ID#	M/F	D/O/B	Grade	School

**Current Address:** \_\_\_\_\_ **Apt:** \_\_\_\_\_ **City:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Contact Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Name of Parent(s)/Legal Guardian(s):** \_\_\_\_\_

**\*\* UNACCOMPANIED YOUTH MUST COMPLETE THIS SECTION. \*\***

- Student is living alone without an adult.       Student is living with an adult that is not a parent/legal guardian.

Caregiver Name: \_\_\_\_\_

**\*Please complete FM# 7402 (Caregiver's Authorization Form).\***

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

\_\_\_\_\_  
Signature of Parent/Legal Guardian (OR) Unaccompanied Student

\_\_\_\_\_  
Date

**SCHOOL STAFF ONLY: Fax completed forms to 305-579-0370, email [projectupstart@dadeschools.net](mailto:projectupstart@dadeschools.net), or send forms to Location # 9721.**

**Name of school contact person who is aware of the family's situation, phone number/extension, and school name:**

If the student(s) is/are eligible and in need of Project UP-START services, please fax additional forms when applicable: FM-7404 and FM-7405. FM-7378E Rev . (07-16)



Miami-Dade County Public Schools

Division of Student Services

Proyecto UP-START, Children and Youth in Transition Program (Niños y Adolescentes en el Programa de Transición)

Cuestionario de residencia del estudiante

Este cuestionario es para determinar la elegibilidad de servicios de acuerdo a la Ley McKinney-Vento Act. El Estatuto de la Florida 837.06 provee que si alguien con conocimiento hace una declaración falsa por escrito con la intención de engañar a un trabajador público en el oficio de sus obligaciones, será culpable de un crimen en delito menor cuantía de segundo grado.

Sección A: Si la vivienda es fija, regular y adecuada.

NO llene el formulario si actualmente, usted:

- alquila / es propietario de su vivienda
• Vive con alguien o un familiar (no debido a infortunio, dificultad financiera)
• Vive en un lugar de cuidados/tutela

Sección B: Si la vivienda no es fija, regular y adecuada. Llene todas las secciones.

Table with 2 columns: Vivienda actual del estudiante en las noches and Razón(es) por las que el estudiante quedó desplazado. Includes options like 'En vivienda de emergencia', 'Desastre Natural - Huracán', etc.

\*\* Por favor proveer los nombres de todos los estudiantes matriculados en las M-DCPS. \*\*

Table with 6 columns: Nombre del estudiante, # ID del estudiante, M/F, F/D/N, Grado, Escuela. Multiple empty rows for data entry.

Dirección actual: Ciudad: Código postal: Apto:

Teléfono: Correo Electronico:

Nombre del padre/madre/tutor(es):

¿Está el estudiante viviendo solo o con un adulto que no es el padre o tutor legal? (No acompañado)

- No
Sí, nombre de la persona responsable, si se sabe:

\*Si la respuesta fuese sí, llene el formulario 7402 (Caregiver's Authorization Form)\*

El que firma certifica que la información es correcta.

Firma del padre/madre/tutor legal (o) estudiante sin tutor (no acompañado) Fecha

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Name of school contact person who is aware of the family's situation, phone number/extension, and school name:

If the student(s) is/are eligible and in need of Project UP-START services, please fax additional forms to access services when applicable:



**Lekòl Leta Miami-Dade County**  
**Divizyon Sèvis Elèv**  
**Pwojè UP-START, Timoun ak Jèn nan Pwogram Tranzisyon**  
**Kesyonè sou Rezidans Elèv**

Kesyonè sa a fèt pou ede detèmine elijibilite sèvis anba Akò federal McKinney-Vento. Lwa Florid 837.06 site nenpòt moun ki konsyamman fè yon fo deklarasyon alekri avèk entansyon pou twonpe yon fonksyonè leta nan fonksyon ofisyèl li ap koupab yon chaj "misdemeanor" (enkondit ak lalwa) nan dezyèm degre.

**SEKSYON A: Kay la Ranje, Regilye e Adekwat.**

**ETAP 1 : PA ranpli rès fòm nan si ou aktyèlman:**

- Lwe/posede pwòp kay ou
- Chwazi abite avèk yon moun oubyen yon lòt manm fanmi (pa akoz ou gen pwoblèm finans)
- Plase nan "foster care" (kay moun)

**SEKSYON B: Kay la PA Ranje, Regilye, e Adekwat.**

**ETAP 2 : Silvouplè ranpli tout seksyon yo.**

Rezidans Aktyèl Elèv la Aswè	Rezon Elèv la te Deplase
<input type="checkbox"/> Nan fwaye ijans oubyen tranzisyonèl, "trailers" (A) (kay mobil) FEMA oubyen abandone nan lopital	<input type="checkbox"/> Dezas Natirèl - Siklòn (H)
<input type="checkbox"/> Ap pataje kay lòt moun tanporèman akoz pwoblèm ekonomik (B)	<input type="checkbox"/> Dezas Natirèl - Inondasyon (F)
<input type="checkbox"/> Abite nan nenpòt kalite machin, plas ki gen kay mobil (D) oubyen plas pou kan, plas, bilding abandone, plas pibli oubyen kay ki an move eta	<input type="checkbox"/> Dezas Natirèl - Tanpèt Twopikal (S)
<input type="checkbox"/> Nan yon motèl/otèl akoz pèdi kay, (E)	<input type="checkbox"/> Dezas Natirèl - Tònad (T)
<input type="checkbox"/> Ap tann plasman nan kay moun (F)	<input type="checkbox"/> Dezas Moun Fè/Dife (D)
	<input type="checkbox"/> Sezi Kay (M)
	<input type="checkbox"/> Mank lojman abòdab, mete deyò nan kay, (O) maladi mantal, pap travay, vyolans domestik
	<input type="checkbox"/> Pa konnen / Lòt rezon (U)

\*\* Silvouplè mete non elèv yo ki aktif nan M-DCPS.\*\*

Non Elèv	#ID Elèv	G/F	D/N	Klas	Lekòl

Adrès Aktyèl: \_\_\_\_\_ Apt: \_\_\_\_\_ Vil: \_\_\_\_\_ Kòd Postal: \_\_\_\_\_

Telefòn Kontak: \_\_\_\_\_ Lèt Elektwonik: \_\_\_\_\_

Non Paran/Gadyen Legal: \_\_\_\_\_

Èske elèv sa a abite poukont li san yon adilt oubyen yon adilt ki pa yon paran/gadyen legal? (Pa Akonpaye)

- Non
- Wi, mete non moun ki bay swen an si w konnen li: \_\_\_\_\_

\*Si wi, silvouplè ranpli Fòm 7402 (Fòm Otorizasyon Moun ki Bay Swen).\*

**Moun ki siyen anba a sètifye enfòmasyon li bay la kòrèk.**

\_\_\_\_\_ Dat

Siyati Paran/Gadyen Legal (OUBYEN) Elèv ki Pa Akonpaye

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**Name and phone number of a School Contact Person who is aware of the family's situation:**

If student is eligible and in need of Project UP-START services, please fax additional forms to access services when applicable.