

**THE SCHOOL DISTRICT OF OSCEOLA COUNTY, FLORIDA**  
**STUDENT / FAMILY DOMICILE QUESTIONNAIRE**

Name of Student: \_\_\_\_\_ Student ID #: \_\_\_\_\_  
*(Last) (First)*

Name of School: Grade: DOB: Sex: Q Male O Female

**This questionnaire is intended to address the McKinney-Vento Act 42 U.S.C. 11435.**  
**The answers to this residency information help determine the services the student may be eligible to receive.**

1. Is your current address a temporary living arrangement? Q Yes D No
2. Is this a temporary living arrangement due to loss of housing or economic hardship? Q Yes Q No

**If you answered YES, to either of the above questions, please complete the remainder of this form.**

**If you answered NO to both questions, please stop here and sign below.**

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Where is the student presently living? *(Please 0 the appropriate box)*

In a motel or hotel (because of economic hardship, eviction, cannot get deposits for permanent home, natural disaster, etc.) **(Code -E)** *(Please attach /provide hotel receipt)*

0 Sharing Housing (temporarily with another family because we lost our housing and cannot find affordable housing) **(Code — B)**

0 Living in an emergency shelter (domestic violence) or transitional housing program (housing that is available for a specific length of time only or is partly / completely paid by federal subsidy or other organization) **(Code - A)** *(Please attach /provide shelter verification letter)*

0 Primary nighttime residence is not intended as sleeping accommodations for persons (cars, parks, public space, tent, campground, RV park, abandoned building, substandard housing) **(Code - D)**

With whom does the student reside? *(Please 0 the appropriate box)*

Parent 0 Legal guardian

0 Unaccompanied youth (youth in a homeless situation who is not in the physical custody of the parent/legal guardian) **(Code UY - Y)**

**\*If you marked “Yes” to any questions above, please indicate the cause by placing an “X” in the appropriate box.**

- 0 Mortgage Foreclosure (M)                      0 Natural Disaster-Flooding (F)                      0 Natural Disaster-Hurricane (H)  
0 Natural Disaster-Tropical Storm (S) 0 Natural Disaster-Tornado (T)                      0 Natural Disaster-Wildfire or Fire (W)  
0 Man-made Disaster (Major) (D)                      0 Natural Disaster-Earthquake (E)  
0 Other - i.e., lack of affordable housing, long-term poverty, unemployment or underemployment, lack of affordable health care, mental illness, domestic violence, forced eviction, etc. (O)

Name of person with whom student resides: Phone Number:  
*(Please Print)*

Address: City: \_\_\_\_\_ Zip: \_\_\_\_\_

Any person who knowingly makes a false statement in writing with the intent to mislead a public servant in the performance of their official duty shall be guilty of a crime under Florida Statute 837.06. Furthermore, enrollment of the child under false documents subjects the person to liability for tuition and other costs.

**Signature: Date**

\_\_\_\_\_

**SCHOOL STAFF: Please complete data entry on TERMS panel S316 for the 3 homeless fields (HS, C, UY), complete school data entry box (at top of this form) to indicate data entry has been completed, make a copy for your school based liaison, and send origlila) to the Families in Transition Program at Special Programs.**