



**Martin County School District
Families in Transition (FIT) Program
Student Housing Questionnaire**

Form # 1300
Rev. 1/16/2024

This survey is intended to address the requirements of Every Student Succeeds Act: Title IX/ Part A, and Title I/Part A. The answers to questions below will assist us in determining if your student may qualify for additional educational support services under the federal law of the McKinney Vento Homeless Assistance Act. The determination of additional services is limited to one academic year and must be reapplied annually.

PLEASE PRINT VERY CLEARLY, COMPLETE ONE PER FAMILY, and return the survey to your student's school.

Student's Name:

First Name, Middle Initial, Last Name Birthdate Grade School

Additional Children/Youth in Your Household (even if not enrolled in school):

First Name, Middle Initial, Last Name Birthdate Grade School

First Name, Middle Initial, Last Name Birthdate Grade School

First Name, Middle Initial, Last Name Birthdate Grade School

Parent/Guardian/Caregiver/Unaccompanied Homeless Youth Name (Print): Name (Print): _____

Telephone: _____ Cell phone: _____ Work phone: _____

Street Address: _____
Street City State Zip

Length of time at Current Address: _____ Former Address _____

Are you living in any of these situations? Place an "X" in the appropriate box to answer "Yes" or "No."

FIT PROGRAM (Nighttime Residence Type as defined in Rule 6A-1.0014)	YES	NO	CODE
1. My family lives in an emergency or transitional shelter (e.g., FEMA trailer).			A
2. My family is sharing the housing of other persons due to loss of housing, economic hardship, or a similar reason; doubled-up.			B
3. My family is living in a car, park, temporary trailer park or campground due to lack of alternative adequate accommodations, public space, abandoned building, substandard housing, bus, or train station, public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings or similar settings.			D
4. My family lives in a hotel or motel due to lack of alternative adequate accommodation.			E
5. A child/youth in my home is an unaccompanied homeless youth that is not in the physical custody of a parent or guardian, as defined in 42 U.S.C Section 11434(a)(6).			U or N

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

<input type="checkbox"/> Mortgage Foreclosure (M)	<input type="checkbox"/> 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. (N)		
<input type="checkbox"/> Flooding (F)	<input type="checkbox"/> Hurricane (H)	<input type="checkbox"/> Tornado (T)	<input type="checkbox"/> Earthquake (E)
<input type="checkbox"/> Pandemic-(Major) (P)	<input type="checkbox"/> Wildfire (W)	<input type="checkbox"/> Tropical Storm (S)	<input type="checkbox"/> Man-made Disaster-Major (D)

By signing below, the person filling out this form acknowledges the above information is accurate. Florida Statute 837.06 provides that whoever knowingly makes false statements in writing with the intent to mislead shall be guilty of a misdemeanor of the second degree.

Check box that applies. I am the <input type="checkbox"/> Guardian <input type="checkbox"/> Parent <input type="checkbox"/> Caregiver <input type="checkbox"/> Unaccompanied Homeless Youth
Signature _____ Date _____