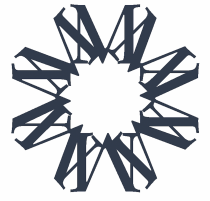


Mater Academy Local Education Agency



McKinney-Vento Program 2024-2025 Student Eligibility Survey

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.

McKinney-Vento Program Services are confidential and this form is not to be shared with outside agencies.

QUESTION 1: WHAT IS YOUR FAMILY CURRENT NIGHTTIME RESIDENCE? (SELECT ONE OPTION)

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

***If you select Rent Home/Own Home, please go to Question #6.**

QUESTION 2: WHAT IS THE REASON YOUR FAMILY DOES NOT HAVE A PERMANENT NIGHTTIME RESIDENCE? (SELECT ONE OPTION)

- Pandemic (P) Hurricane (H) Flooding (F) Lack of affordable housing/eviction, domestic
violence, mental illness, unemployment, etc. (N) Parent/Caregiver is Incarcerated
- Man-Made
Disaster (D) Mortgage Foreclosure (M) Tropical Storm (S) Tornado (T) Wildfire (W) Unknown (U)

QUESTION 3: WHAT ARE THE NAMES, BIRTHDATES, SCHOOLS, AND GRADES OF EACH CHILD OR YOUTH IN THE HOUSEHOLD?

| Student First Name, Middle Initial, Last Name | Student ID Number | Date of Birth | Grade Level | School Name/Location # |
|--|-------------------|---------------|----------------|------------------------|
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QUESTION 4 AND 5: TO BE COMPLETED BY UNACCOMPANIED YOUTH ONLY (SELECT ONE OPTION)*

- 4) Are you living alone without an adult? 5) Are you living alone with an adult that is NOT a parent/guardian?

Caregiver's Name:

Date:

Unaccompanied Youth Signature:

Phone Number:

***Please ask your caregiver to complete the Caregiver's Authorization Form, and submit it with this form.**

QUESTION 6: WHAT IS YOUR ADDRESS/CONTACT INFORMATION?

Current Address: Length of time at Current Address:

Former Address: Phone Number:

Parent Name: Parent/Guardian Signature: Date:

FOR SCHOOL/AGENCY USE ONLY

School/Agency Name : Location # :

School Contact Name : Position :

Contact Number/Ext : Email Address :

Please return the completed form to your child(ren) school. Attention: McKinney-Vento Program Liaison.
COMPLETING THIS FORM DOES NOT TRIGGER AN AUTOMATIC CALL OR VISIT TO THE FAMILY. FOR SERVICES, PLEASE CONTACT THE MCKINNEY-VENTO PROGRAM LIAISON IDENTIFIED IN THIS QUESTIONNAIRE.



Escuelas Públicas de Mater Academy Local Education Agency



Programa McKinney-Vento
2024-2025 Cuestionario de Elegibilidad de Estudiantes

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

Los servicios del Programa McKinney-Vento son confidenciales y este formulario no se deberá compartir con agencias comunitarias externas.

PREGUNTA 1: ¿CUÁL ES LA RESIDENCIA NOCTURNA ACTUAL DE SU FAMILIA? (SELECCIONE UNA OPCIÓN)

- Albergue (A) Comparte vivienda con otras personas (B) Vehículo/Parque/Parque de casas móviles/ Vivienda subestandar (por ejemplo, sin servicio de agua o corriente/ infestada con moho) [D] Hotel/Motel/Airbnb (E) Alquila una vivienda* Propietario de su vivienda*

*SI SELECCIONA ALQUILA UNA VIVIENDA O PROPIETARIO DE SU VIVIENDA, SALTE LA PREGUNTA #6.

PREGUNTA 2: ¿POR QUÉ SU FAMILIA NO TIENE UNA RESIDENCIA NOCTURNA PERMANENTE? (SELECCIONE UNA OPCIÓN)

- Pandemia (P) Huracán (H) Inundación (F) Falta de vivienda asequible, desalojo, enfermedad mental, desempleo, violencia doméstica (N) El padre / cuidador está encarcelado. Catástrofe creada por el hombre (D) Ejecución hipotecaria (M) Tormenta tropical (S) Tornado (T) Incendio forestal (W) Desconocido (U)

PREGUNTA 3: ¿CUÁLES SON LOS NOMBRES, FECHAS DE NACIMIENTO, ESCUELAS Y GRADOS DE CADA NIÑO O JOVEN EN EL HOGAR?

Table with 5 columns: Nombre y Apellido del Estudiante, # ID del Estudiante, Fecha de Nacimiento, Grado, Escuela / # de la Escuela. Contains 5 empty rows for data entry.

PREGUNTAS 4 y 5: LLENAR POR JÓVENES NO ACOMPAÑADOS SOLAMENTE (SELECCIONE UNA OPCIÓN)

- 4) ¿Vives solo sin un adulto? 5) ¿Vives solo con un adulto que NO es padre/tutor legal?

Nombre del cuidador: Fecha:

Firma de estudiante no acompañado:

*Pídale a su cuidador que complete el Formulario de autorización del cuidador, y envíelo con este formulario.

PREGUNTA 6: ¿CUÁL ES SU INFORMACIÓN DE CONTACTO?

Dirección actual: Período de tiempo en la dirección actual:

Dirección anterior: Número de teléfono:

Nombre del padre: Firma Padre/Madre/Tutor: Fecha:

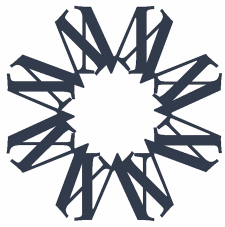
FOR SCHOOL/AGENCY USE ONLY

School/Agency Name: Location #:

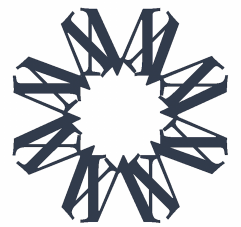
School Contact Name: Position:

Contact Number/Ext: Email Address:

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Lekòl Leta Mater Academy Local Agency



Pwogram McKinney-Vento 2024-2025 Kesyonè pou Elijibilite Elèv

Kesyonè sa a fèt pou ede detèmine elijibilite pou sèvis ki nan Akò federal McKinney-Vento. Lwa Florid 837.06 prevwa ke nenpòt moun ki konsyamman ekri yon fo deklarasyon avèk entansyon pou twonpe yon fonksyonè piblik nan pefòmans devwa ofisyèl li ap koupab de yon "misdemeanor" (enfrazsyon) dezyèm degre.

Sèvis Pwogram McKinney-Vento yo konfidansyèl e fòm sa pa dwe pataje avèk okenn lòt ajansy.

▼ KESYON 1: KI KOTE FANMI OU DOMI NAN NWIT? (CHWAZI YON OPTION)

- Abri Ijans (A) Abite kay lòt moun tanporèman (B) Dòm nan machin/pak/kay mobil/bilding abandone/ kay ki an move eta (e.g. pa gen dlo/elektisite, enfeksyon mwazi) [D]
 Motèl/otèl/Airbnb (E) Lwe kay* Posede pwòp kay*

*** Si ou chwazi Lwey Kay / Pwòp Kay, tanpri ale nan Kesyon #6.**

▼ KESYON 2: KI REZON FANMI OU PA GEN KOTE PO YO DOMI NAN NWITYON REZIDANS PERMANAN LWIT (CHWAZI YON OPTION)

- Pandemic (P) Siklòn (H) Inondasyon (F) Mank lojman ou pakab paye, mete deyò nan kay, vyolans domestik, maladi mantal, pa travay (O) Paran/ Moun k ap bay swen an nan prizon
 Dezas (D) Labank Sezi Kay (M) Tanpèt Twopikal (S) Tònad (T) Dife sovaj (W) Lòt rezon nou pa konnen (U)

▼ KESYON 3: KI NON, DAT NESANS, LEKÒL, AK KLAS CHAK TIMOUN OSWA JÈN NAN KAY LA?

| Pronoun & Non Elèv | #ID Elèv la | Dat Nesans | Klas | #Lekòl/Lokasyon |
|--------------------|-------------|------------|------|-----------------|
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▼ KESYON 4 AK 5: YO DWE RANPLI PA JÈN KI PA AKONPAYE SÈLMAN (CHWAZI YON SÈL OPSYON)

- 4) Èske w ap viv poukont ou san yon granmoun? 5) Èske w ap viv poukont ou ak yon adilt ki PA yon paran/

Non Moun Kap Bay Swen : Dat :

Siyati Jèn ki pa Akonpaye :

***Tanpri mande moun kap bay w swen ranpli Fòm Otorizasyon Moun Kap Bay Swen, epi soumèt li ak fòm sa a.**

▼ KESYON 6: KI ENFOMASYON KONTAK OU?

Adrès aktyèl la: Longè tan nan adrès aktyèl la:
 Ansyen adrès: Nimewo Telefòn:
 Siyati Paran/Gadyen: Siyati Paran/Gadyen: Dat :

FOR SCHOOL/AGENCY USE ONLY

School/Agency Name : Location # :
 School Contact Name : Position :
 Contact Number/Ext : Email Address :

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