



2023-2024 Student Residency Statement

The answers to this housing questionnaire help in determining eligibility of services that may be provided through the federal McKinney-Vento Act, 42 U.S.C 11435. For more information, contact BPS SIT office at 321-633-1000 ext. 11557.

Where are you and your family currently staying at night? (Only check one box):

Staying somewhere temporarily or living with someone else *(if you checked this box, please complete the rest of this questionnaire).*

Rent or own my own house, condo, apartment or other permanent residence. *(If you checked this box, you DO NOT need to complete the rest of this questionnaire).*

STUDENT INFORMATION – ALL SECTIONS MUST BE COMPLETED

Name of Student: _____ DOB: _____ Age: _____ Gender: M__ / F__

Name of School: _____ Student ID#: _____ Grade: _____

Address of current residence: _____ City /Zip Code: _____

Name of Parent(s)/Legal Guardian: _____ Phone No: _____

Student is living with a parent or legal guardian.

Student is unaccompanied (not living with a parent/legal guardian)

Student is **NOT** living with a parent or legal guardian and who is acting as the student’s parent defined in s.1000.21(5), Florida Statutes. *(If you checked this box, how long has the student been living alone? _____)*

Student is **NOT** living with a parent or legal guardian but staying with an adult. *(If you checked this box, please complete the following):*

Caregiver Name: _____ Relationship to Student: _____

Phone number: _____

Other (explain): _____

PLEASE LIST ALL STUDENTS WITHIN THE FAMILY ENROLLING AT BREVARD PUBLIC SCHOOLS.

Student Name	Student ID #	M/F	DOB	Grade	School

TEMPORARY LIVING SITUATION INFORMATION – PLEASE COMPLETED

Check only ONE that applies to your situation:

Temporarily staying with another family member or friend.

Staying in a motel or hotel. Name of Motel/Hotel _____

Sleeping in a vehicle or staying in a trailer park or campground, or in an abandoned building, or other substandard housing.

The student is waiting for foster care.

Staying in an emergency or transitional shelter. Name of Shelter/Transitional housing _____

If the above do not apply, describe where the student most recently spent the night: _____

Please continue residency questionnaire on the next page →

CAUSE OF TEMPORARY LIVING SITUATION PLEASE COMPLETED

Check only ONE that applies to the cause of your temporary living situation:

- Economic hardship due to COVID pandemic (illness, loss of job, etc.) that resulted in loss of housing.
- Economic hardship or other circumstances (NOT Related to COVID pandemic) that resulted in foreclosure, eviction, or inability to obtain a residence at this time.
- Lost our housing due to a Natural Disaster (hurricane, flood, fire, etc.) and have no place else to go. Please indicate the Natural Disaster type here: _____
- Lost our housing due to a Manmade Disaster (mold, poison gas release, domestic violence, etc.) and have no place else to go.
- Recently moved to the area and are looking for a place to buy or rent.
- Recently sold residence or lease ended and looking for a place to buy or rent.
- Repairing or remodeling current residence.
- If the above do not apply, describe the cause of your temporary living situation: _____

ADDITIONAL RESOURCES INFORMATION RELEASE

Release of information to social service and community agencies:

Additional protective rights and services may be available to qualified families. These rights include immediate school enrollment, free meals, school stability, and transportation to the school of origin. Please check 'yes' if you allow this information to be released to social services and/or community agencies for possible assistance. Release of information expires on 6/30/2024.

- Yes
- No

Currently, what is the greatest need for your child? (Check all that apply and fill out the request forms)

- School Supplies
- Help for Academic improvement/Tutoring.
- Medical Referral/immunizations
- Gift Cards / Clothing (*available through donation only*)
- Transportation / SCAT Bus Passes
- Shoes
- Cell phone (CPR) / Laptop / Hot Spot
- Counseling

VERIFICATION OF INFORMATION

Please note that 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.

My signature below affirms the following: (1) the information I have provided on this form is true and accurate to the best of my knowledge; (2) my permission for someone from the Office of Students in Transition to contact me to share district and community resources that may assist my child's success in school and our family's needs.

Signature of Parent/Legal Guardian OR Unaccompanied Homeless Youth

Date

FOR BPS STAFF ONLY

If it is determined that this student is eligible for McKinney-Vento Program services, please scan this Student Residency Statement and email it to the following:

District SIT Office – sitforms@brevardschools.org

All schools are required to keep a file (digital or paper) of all SRS forms submitted. Do not file in Permanent file.