



Student Name
2022 - 2023 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):

- 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.)
Living with someone else by choice in a house or apartment that properly accommodates all residents. (If you checked this box, you DO NOT need to complete the rest of this questionnaire.)
Staying somewhere temporarily (if you checked this box, please complete the rest of this questionnaire).

FAMILY INFORMATION – PLEASE NOTE ALL SECTIONS MUST BE COMPLETED

Name of Parent(s)/Legal Guardian(s):
Current Student Nighttime Street Address: City/ Zip Code:
How long have you been at this Address? Phone Number: Email Address:

Please list ALL students within the family, (including pre-K children) enrolling at ANY BPS school.

Table with 6 columns: Student Name, Student ID#, M/F, DOB, Grade, School

TEMPORARY LIVING SITUATION INFORMATION – PLEASE NOTE ALL SECTIONS MUST BE COMPLETED

Check only ONE box that applies to your situation:

- We are temporarily staying with another family member or friend
We are staying in a motel or hotel. Name of Motel/Hotel
We are sleeping in a vehicle or staying in a trailer park or campground, or in an abandoned building, or other substandard housing
We are 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:

Check only ONE box 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:

Please continue residency questionnaire on the next page



Student Name \_\_\_\_\_  
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**The enrolling student(s) is/are:**

- Staying with a parent or legal guardian
- Not staying with a parent or legal guardian, but staying with an adult that is not a parent or legal guardian If you checked this box, please complete the following:  
 Caregiver Name: \_\_\_\_\_  
 Relationship to Student: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_
- Not staying with a parent or legal guardian and not staying with an adult who is acting as the student's parent as defined in s. 1000.21(5), Florida Statutes.  
 If you checked this box, how long has the student been living alone? \_\_\_\_\_
- Other (explain): \_\_\_\_\_

**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 service and/or community agencies for possible assistance. Release of information expires on 6/30/2023.*

Yes  
 No

**At this time, what is the greatest need for your child? (check all that apply)**

- School Supplies
- Help for Academic improvement
- Medical Referral/immunizations
- Referral for food assistance
- Help for behavior improvement
- Other \_\_\_\_\_

**VERIFICATION OF INFORMATION**

*The undersigned certifies that the information provided is accurate.  
 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](mailto:sitforms@brevardschools.org)
- School-based SIT Lead.

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