



**Miami-Dade County Public Schools
 Department of Title I Administration
 Children and Youth in Transition Program
 Project UP-START Student Eligibility Questionnaire**

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 second degree.

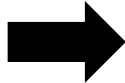
Project UP-START services are confidential and this form is not to be shared with outside community agencies.

SECTION A: The student currently has housing that is Fixed, Regular, and Adequate.

Parent/Guardian Initial: _____

Student Name: _____

Student ID#: _____



Rent/own your home

Live in foster care placement



Please do not continue completing this form if you checked one of the boxes above.

SECTION B: The student does NOT currently have housing that is Fixed, Regular, and Adequate.

Please continue below if your child is a student that:

The current nighttime residence is... (check only one)		Was displaced from household because of... (check only one)	
<input type="checkbox"/> In emergency or transitional shelters, FEMA trailers, or abandoned in hospitals (A)		<input type="checkbox"/> Natural Disaster - Hurricane (H)	
<input type="checkbox"/> Temporarily sharing the housing of other persons due to economic hardship (B)		<input type="checkbox"/> Natural Disaster - Flooding (F)	
<input type="checkbox"/> Living in a vehicle of any kind, trailer park or campground, parks, abandoned buildings, public place, or substandard housing (e.g. no running water no electricity/mold infested) (D)		<input type="checkbox"/> Natural Disaster - Tropical Storm (S)	
<input type="checkbox"/> In a motel/hotel due to loss of housing, economic hardship, or similar reason (E)		<input type="checkbox"/> Natural Disaster - Tornado (T)	
		<input type="checkbox"/> Man-made Disaster/Fire (D)	
		<input type="checkbox"/> Mortgage Foreclosure (M)	
		<input type="checkbox"/> Lack of affordable housing, eviction, mental illness, unemployment, domestic violence (O)	
		<input type="checkbox"/> Parents/Caregiver is incarcerated	
		<input type="checkbox"/> Unknown/Other: _____ (U)	

Please list the names of all students who are active in M-DCPS.

Student Name (Last, First)	Student ID#	Date of Birth	Grade	School/Location #

Current Address: _____ **Apt:** _____ **City:** _____ **Zip:** _____

Contact Phone: _____ **Email:** _____

Name of Parent/Guardian: _____ **Date:** _____

SECTION C: Unaccompanied Youth must complete this section.

Student is living alone without an adult. Student is living with an adult that is NOT a parent/guardian.

Caregiver Name: _____

Please complete the FM-7402 (Caregiver's Authorization Form).

SECTION D: Parents, Guardians and/or Unaccompanied Youth must complete this section, prior to submitting the Questionnaire for processing.

The undersigned certifies that the information provided is accurate.

Signature of Parent/Guardian OR Unaccompanied Student

Date

SCHOOL/AGENCY STAFF USE ONLY

SCHOOL/AGENCY STAFF CONTACT INFORMATION

School/Agency Name: _____ **Location #:** _____

Staff Name: _____ **Telephone #:** _____ **Extension:** _____

Please fax the following completed forms to 305 579-0370, via email to projectupstart@dadeschools.net, or send forms to Location #9102:

- ▶ FM-7378
- ▶ FM-7402, FM-7404, and FM-7405, as applicable

Fax/Email Date: _____



Las Escuelas Públicas del Condado Miami-Dade

Departamento de la Administración de Título I

Programa de Niños y Adolescentes en Transición (Children and Youth in Transition Program)

Cuestionario de Elegibilidad Estudiantil para el Proyecto UP-START

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 Proyecto UP-START son confidenciales y este formulario no se deberá compartir con agencias comunitarias externas.

SECCIÓN A: El estudiante actualmente tiene vivienda fija, regular o adecuada.

Inicial del padre de familia/tutor: _____
Nombre del estudiante: _____
de ID del estudiante: _____



- Alquila/Es propietario de su vivienda
Vive en colocación en un hogar de acogida
Por favor, no continúe si ha marcado una de las casillas anteriores.



SECCION B: El estudiante acualmente NO tiene vivienda fija, regular o adecuada.

Por favor, continúe si su hijo/a es un estudiante:

Table with 2 columns: Cuya vivienda nocturna actual es... (sólo marque una) and Que fue desplazado del hogar por... (sólo marque una). Rows include options like Albergue de emergencia, Desastre natural, etc.

Por favor, enumere los nombres de todos los estudiantes con matrícula vigente en las M-DCPS.

Table with 5 columns: Apellido, Nombre del Estudiante, # ID del Estudiante, Fec. Nac., Grado, Escuela / # de la Escuela

Dirección actual: _____ Apto: _____ Ciudad: _____ Código postal: _____
Teléfono: _____ Correo Electrónico: _____
Nombre del padre/madre/tutor(es): _____ Fecha: _____

SECCIÓN C: Estudiante Joven No Acompañado debe llenar esta sección.

- El estudiante vive solo, sin un adulto. El estudiante vive con un adulto que NO ES un padre de familia / tutor legal
Nombre del cuidador: _____ Fecha: _____

Por favor, llene el formulario 7402 (Formulario de Autorización del Cuidador, Caregiver's Authorization Form).

SECCIÓN D: Los Padres de Familia, Tutores o Jóvenes No Acompañados deberán llenar esta sección antes de enviar el Cuestionario para ser procesado.

El que firma certifica que la información proporcionada es correcta.

Firma del padre/madre/tutor legal O estudiante no acompañado _____ Fecha _____

PARA USO DEL PERSONAL DE LA ESCUELA/AGENCIA SOLAMENTE

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Lekòl Leta Miami-Dade County
Depatman Administrasyon 'Title I'
Timoun ak Jèn nan Pwogram Tranzisyon
Kesyonè Pwojè 'UP-START' sou Eljibilite Elèv

Kesyonè sa a fèt pou ede detèmine eljibilite pou sèvis ki anba Akò federal McKinney-Vento. Lwa Florid 837.06 site nenpòt moun ki konsyamman fè yon fo deklarasyon alekri avèk entansyon pou twonpe yon fonksyonè piblik nan fonksyon ofisyèl li ap koupab yon chaj "misdemeanor" (enfrazyon) dezyèm degre.

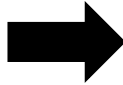
Sèvis 'Project UP-Start yo konfidansyèl e moun pa dwe pataje fòm sa a avèk ajans ki andeyò kominote a.

SEKSYON A: Kounye a elèv la gen yon fwaye ki Fiks, Regilye e Adekwat.

Inisyay Paran/Gadyen: _____

Non Elèv la: _____

#ID Elèv la: _____



- Lwe/posede pwòp kay ou
- Ap viv nan "foster care" (fwaye akèy)



Silvoupplè pa kontinye ranpli fòm sa a si ou tcheke youn nan bwat ki anwo yo.

SEKSYON B: Kounye a elèv la PA gen yon fwaye ki Fiks, Regilye e Adekwat.

Silvoupplè kontinye anba a si w se youn elèv:

Ki pase nuit li... (tcheke youn sèlman)

Ki te kite fwaye li akoz... (tcheke youn sèlman)

- | | |
|--|---|
| <input type="checkbox"/> Nan fwaye ijans oubyen tranzisyonèl, "trailers," FEMA (A)
(kay mobil) FEMA oubyen abandone nan lopital | <input type="checkbox"/> Dezas Natirèl - Siklòn (H) |
| <input type="checkbox"/> Abite kay lòt moun tanporèman akoz difikilte ekonomik (B) | <input type="checkbox"/> Dezas Natirèl - Inondasyon (F) |
| <input type="checkbox"/> Nan nenpòt kalite machin, plas ki gen kay mobil (D)
oubyen plas pou kan, plas, bilding abandone, plas piblik oubyen kay ki an move eta (e.g. pa gen dlo/ pa gen elektrisite /mwazi, etc..) | <input type="checkbox"/> Dezas Natirèl - Tanpèt Twopikal (S) |
| <input type="checkbox"/> Nan yon motèl/otèl akoz ou pèdi kay, (E)
difikilte ekonomik, oubyen yon rezon parèy | <input type="checkbox"/> Dezas Natirèl - Tònad (T) |
| | <input type="checkbox"/> Dezas/Dife Moun Lakoz (D) |
| | <input type="checkbox"/> Labank Sezi Kay (M) |
| | <input type="checkbox"/> Mank lojman abòdab, mete deyò nan kay, maladi mantal, pap travay, vyolans domestik (O) |
| | <input type="checkbox"/> Paran/Moun k ap bay swen an nan prizon |
| | <input type="checkbox"/> Lòt rezon nou pa konnen: _____ (U) |

Silvoupplè mete non tout elèv yo ki aktif nan M-DCPS.

Non Elèv la (non, prenon)	#ID Elèv la	Dat Nesans	Klas	#Lekòl/Andwa

Adrès Aktyèl: _____ Apt: _____ Vil: _____ Kòd Postal: _____

Kontak Telefòn: _____ Adrès Elektwonik: _____

Non Paran/Gadyen Legal: _____ Dat: _____

SEKSYON C: JÈN KI POUKONT YO DWE RANPLI SEKSYON SA A.

- Elèv k ap viv san Paran: Elèv k ap viv ak yon granmoun ki PA Paran/Gadyen Legal li.
 Non moun k ap ba li swen an: _____

Silvoupplè ranpli Fòm 7402 (Fòm Otorizasyon pou Moun ki Bay Swen).

SEKSYON D: Paran, Gadyen, e/oubyen Jen ki Pa Akonpaye dwe ranpli seksyon sa a, avan yo remèt Kesyonè a pou pou yo finalize li.

Moun ki siyen anba a sètifye enfòmasyon li bay yo kòrèk.

 Siyati Paran/Gadyen Legal OUBYEN Elèv ki Pa Akonpaye

 Dat

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