



**Miami-Dade County Public Schools  
Department of Title I Administration  
Children and Youth in Transition Program  
2020-2021 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. If none of the boxes above are checked, please proceed to the next section.**

**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"/> Pandemic (P)
<input type="checkbox"/> Temporarily sharing the housing of other persons due to economic hardship (B)	<input type="checkbox"/> Natural Disaster - Hurricane (H)
<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 - Flooding (F)
<input type="checkbox"/> In a motel/hotel due to loss of housing, economic hardship, or similar reason (E)	<input type="checkbox"/> Natural Disaster - Tropical Storm (S)
	<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.

\_\_\_\_\_ Date \_\_\_\_\_  
Signature of Parent/Guardian OR Unaccompanied Student

**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](mailto:projectupstart@dadeschools.net), or send forms to Location #9102:

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

**Note: This form does not trigger a call to the family. For more services, forms FM-7404 and/or FM-7405 must be submitted.**

**Fax/Email Date:** \_\_\_\_\_