

2025-2026 Student Housing Questionnaire

FAMILY INFORMATION – PLEASE NOTE ALL SECTIONS MUST BE COMPLETED

Name of Parent(s)/Legal Guardian(s):					
Current Student Nighttime Street Address (Street, City, State, Zip Code)					
How long have you been at this address?		Mobile or Home Phone Number			
Former Address (Street, City, State, Zip Code)					
Please list ALL students within the family, (including pre-K children) enrolling in FLVS or not in school.					
Student Name (First Name, Middle Initial, Last Name)	Student ID#	M/F	DOB	Grade	Full Time or Flex Program

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 the FLVS Full Time MV Liaison at 407-986-0925.

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

- ☐ Rent or own my own house, condominium, apartment, or other permanent residence. *(If you checked this box, you DO NOT need to complete the rest of this questionnaire. Stop here.)*
- ☐ Living with someone else by choice that properly accommodates all residents. (Not due to loss of housing or financial hardship.) *(If you checked this box, you DO NOT need to complete the rest of this questionnaire. Stop here.)*
- ☐ Staying somewhere temporarily *(If you checked this box, continue with the questionnaire.)*

HOUSING SITUATION INFORMATION – PLEASE NOTE ALL SECTIONS MUST BE COMPLETED.

Check only ONE box that applies to your situation:

- ☐ Temporarily sharing the housing of another family member or friend due to loss of housing, economic hardship, or a similar reason; doubled-up.
- ☐ Living in a motel or hotel due to lack of alternative adequate accommodations.
- ☐ Living in a vehicle, park, or temporary trailer park or campground due to lack of alternative adequate accommodations, public spaces, abandoned buildings, substandard housing, bus/train stations, public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings or similar settings.
- ☐ Living in an emergency or transitional shelter (e.g., FEMA Trailers), abandoned in hospitals.
- ☐ If the above does 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:

- ☐ Other homelessness causes (includes lack of affordable housing, long-term poverty, unemployment or underemployment, lack of affordable health care, mental illness, domestic violence, forced eviction, etc.)
- ☐ Loss of housing due to a Natural Disaster (e.g., hurricane, flood, fire, earthquake, tropical storm, tornado) and have no place else to go. Please indicate the Natural Disaster type here: _____.
- ☐ Loss of housing due to a Manmade Disaster (Major) (e.g., major oil spill, poison gas release) and have no place else to go.
- ☐ Pandemic (e.g., COVID)
- ☐ Wildfire (Major)
- ☐ Unknown
- ☐ 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.
- ☐ If the above do not apply, describe the cause of your temporary living situation: _____.

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The enrolling student(s) is/are:

- ☐ Living with a parent or legal guardian.
- ☐ Not living with a parent or legal guardian, but living 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 living with a parent or legal guardian and not living 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 agencies:

Additional protective rights and services may be available to qualified families. These rights include immediate school enrollment, free meals, and school stability. Please check 'yes' if you allow this information to be released to social service agencies for possible assistance. Release of information expires on 6/30/2026.

- ☐ Yes
☐ No

Release of information to community organizations:

Local homeless resources provided by community agencies not governed by Florida Virtual School may be available to qualified families, this includes housing assistance. Please check 'yes' if you allow this information to be released to community agencies, including registration in the Homeless Management Information System (HMIS), and allow community agencies to contact you about potential supports.

- ☐ Yes
☐ No

VERIFICATION OF INFORMATION

The undersigned certifies that the information provided is accurate.

Please note that Florida Statutes 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.

For additional questions regarding the FLVS McKinney-Vento Program including district policies and local resources, please visit our website at www.flvs.net/about/programs/mckinney-vento-homeless-assistance-improvement-act.

Signature of Parent/Legal Guardian OR Unaccompanied Homeless Youth

Date

FOR FLVS STAFF ONLY

If it is determined that this student is eligible for McKinney-Vento Program services, please scan this Student Housing Questionnaire (SHQ) and email it to the following:

- ☐ District MVP Liaison- vjones@flvs.net
☐ School Social Worker- studentservices@flvs.net

All schools are required to keep a file (digital or paper) of all SRQs submitted.