DISTRICT SCHOOL BOARD OF PASCO COUNTY
Students In Transition (SIT) Program
Student Eligibility Questionnaire

MIS 140
Rev. 04/19

Dear Students/Families/Caregivers,

The Pasco County School District wants to make sure that your child receives the best possible education. The information from this form will help to find out if your student is able to **receive benefits under the federal McKinney Vento Act**, a law that helps students who are temporarily displaced from their home for certain reasons. PLEASE PRINT VERY CLEARLY, COMPLETE ONE PER FAMILY, and return the survey to your student's school. **Students/Families/Caregivers MUST CONTACT SIT PROGRAM OFFICE FOR NEEDED SERVICES**..

SECTION 1: Your Housing is fixed, regular and adequate

___ Rent/Own your home
___ Live with someone (not due to financial hardship)
___ Live in foster care placement

IF YOU CHECKED ONE OF THESE BOXES, PLEASE **DO NOT** COMPLETE THIS FORM.

SECTION 2: Your Housing is NOT fixed, regular and adequate (complete all sections below)

Are you living in any of these situations?

YES	NO	
___	___	An emergency or transitional shelter. (A)
___	___	Temporarily with another family due to loss of housing, economic hardship or similar reason (B)
___	___	A vehicle of any kind, trailer park or campground, abandoned building or other substandard housing (D)
___	___	A hotel/motel due to loss of housing, economic hardship or similar reason (E)

Reason for temporary residence:

__ Foreclosure (M)
__ Eviction
__ Unemployment (O)
__ Fire (W)
__ Tornado (T)
__ Earthquake (E)
__ Flooding (F)
__ Wildfire (W)
__ Tropical Storm (S) : storm name _____
__ Hurricane (H) : storm name _____
__ Man Made Disaster (D)
__ Other (N) _____

SECTION 3: Print Current Address and Contact Information

Parent/Legal Guardian Name: _____

Street Address or location of housing: _____

Telephone Number: _____ Email: _____

SECTION 4: Student Information

Print the names of ALL school-aged AND preschool-aged (3 & 4 year old) children in your family

Name	Student ID	D.O.B.	F/M	Grade	School	Bus **

** Be sure to mark if the student will need transportation to/from SCHOOL OF ORIGIN

SECTION 5: Unaccompanied Youth Must Complete This Section

__ Student is living alone without an adult - sign Section 6 below
__ Student is living with an adult that is NOT a parent/legal guardian – fill out following:

Caregiver Name: _____

Phone: _____ Email: _____

SECTION 6: Signatures

The undersigned certifies that the information provided is accurate.
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/her official duty shall be guilty of a misdemeanor of the second degree.

Name of the Person Completing This Form (Print) | Signature of the Person Completing This Form | Date

DISTRIBUTION:
1 - All schools MUST keep original forms separately from the Student Cumulative Folder for audit purposes during the year.
2 - SIT PROGRAM FAX: (813) 794-2560 SIT PROGRAM EMAIL: sitprogram@pasco.k12.fl.us
Must be faxed or scanned immediately