



2024-2025 HOUSING QUESTIONNAIRE STUDENTS IN TRANSITION

SCHOOL Data Entry:
Date Coded: _____
Initials: _____

This questionnaire is intended to address the requirements of Every Student Succeeds Act: Title IX/ Part A. The answers to questions below will assist us in determining if your student may qualify for additional support services.

PLEASE ONLY COMPLETE THIS FORM IF YOU ARE EXPERIENCING HOUSING TRANSITION.

Housing transition can mean either being forced to live in a hotel, vehicle, shelter, or with family/friends due to a financial hardship. A mortgage/leased home can also qualify under certain conditions such as bug infestations or other conditions causing it to be inadequate for living.

PLEASE PRINT VERY CLEARLY, COMPLETE ONE FORM PER FAMILY, and return the questionnaire to your school's main office.

FAMILY INFORMATION - ALL SECTIONS MUST BE COMPLETED

Name of Parent(s)/Legal Guardian(s):			
Current Student Evening Street Address:			
How long have you been at this address?		Phone Number:	
		Email:	
Former Address:			

NAMES OF STUDENTS ENROLLED IN SCHOOL (PK- GRADE 12) OR NOT ENROLLED IN SCHOOL, INCLUDING THOSE AGES 1-4 (If needed, use an additional sheet of paper.).

First Name, MI	Last Name	Student ID	Birth Date	Grade	School

PLACE AN "X" IN THE APPROPRIATE BOX TO ANSWER "YES" OR "NO"

NIGHTTIME RESIDENCE	YES	NO	CODE
1. My family lives in an emergency or transitional shelter.			A
2. My family shares the housing of other persons due to loss of housing, economic hardship, or a similar reason; doubled-up.			B
3. My family lives in a car, park, temporary trailer park, or campground due to lack of alternative adequate accommodations, public space, abandoned building, substandard housing, bus or train station, public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings or similar settings.			D
4. My family lives in a hotel or motel due to lack of alternative adequate accommodations.			E
5. Child/youth living with parent or legal guardian. If yes, Code N.			N
6. A child/youth in my home is under the age of 16 and unaccompanied (not in physical custody of a parent or legal guardian) or I am an unaccompanied youth under the age of 16 years. If Yes, Code U.			U
7. A child/youth in my home is 16 years of age or older and an unaccompanied youth (youth not in the physical custody of a parent or legal guardian) or I am an unaccompanied youth 16 years of age or older. If Yes, Code C.			C

If you marked "Yes" to any questions above, please indicate the cause by placing an "X" in the appropriate box.

- | | | |
|--|---|---|
| <input type="checkbox"/> Man-Made Disaster (Major) (D) | <input type="checkbox"/> Earthquake (E) | <input type="checkbox"/> Flooding (F) |
| <input type="checkbox"/> Hurricane (H) | <input type="checkbox"/> Mortgage Foreclosure (M) | <input type="checkbox"/> Lack of affordable housing, long term poverty, unemployment, medical concerns, domestic violence, eviction, mental illness, etc. (N) |
| <input type="checkbox"/> Pandemic (Major) (P) | <input type="checkbox"/> Tropical Storm (S) | |
| <input type="checkbox"/> Tornado (T) | <input type="checkbox"/> Wildfire (W) | |

The undersigned certifies that the information provided is accurate.

Parent's, Guardian's, or Unaccompanied Youth's Signature: _____ Date: _____

School Staff: For students with positive responses, check the corresponding school data entry box for completion. Make a copy of the form for your records, and then scan and email surveys with any positive responses to Dr. Cheyrl Seals at sealscr@okaloosaschools.com.