St. Johns County School District, Student Services Homeless Identifier

A In emergency or transition shelter, FEMA Trailers, abandoned in hospitals. B Share with others due to loss of housing, economic hardship or a similar reason; doubled up D Living in cars, parks temp. trailer parks or campgrounds due to lack of alternative adequate accommodations, public spaces, abandoned buildings, substandard housing, bus or trains stations, public or private place not designed for or ordinarily used as a regular sleeping accommodation for human being or similar settings. E Living in Hotels/ motels F Awaiting foster care No. This student is not homeless or has not been homeless this school year Unaccompanied Youth Yes A child/youth in my home is an unaccompanied youth (youth not in the physical custody of a parent or guardian) No Homelessness Cause M Mortgage Foreclosure F Natural Disaster-Flooding H Natural Disaster-Flooding H Natural Disaster-Tornado W Natural Disaster-Tother D Man-made Disaster (Major) N Natural Disaster-Other O Other-i.e. Lack of affordable housing, long-term poverty, unemployment or underemployment, lack of affordable health care, mental illness, domestic violence, forced eviction, etc. U Unknown Z No, student is not homeless and has not been homeless this school year MY/N IF STUDENT IS OUT OF ZONE, WILL THEY REQUIRE TRANSPORTATION Signature Date	Student's Last Name:				
Pupil No:	First Name:		Middle:		
Parents Name: Contact #: Enrollment Date: Start date if different from enrollment date: Military Status (active or veteran)? Circle Yes or No Place "X" in box for appropriate answer A In emergency or transition shelter, FEMA Trailers, abandoned in hospitals. B Share with others due to loss of housing, economic hardship or a similar reason; doubled up D Living in cars, parks temp. trailer parks or campgrounds due to lack of alternative adequate accommodations, public spaces, abandoned buildings, substandard housing, bus or trains stations, public or private place not designed for or ordinarily used as a regular sleeping accommodation for human being or similar settings. E Living in Hotels/ motels F Awaiting foster care N No. This student is not homeless or has not been homeless this school year Unaccompanied Youth Yes A child/youth in my home is an unaccompanied youth (youth not in the physical custody of a parent or guardian) No Homelessness Cause M Mortgage Foreclosure F Natural Disaster-Flooding H Natural Disaster-Flooding H Natural Disaster-Frorado W Natural Disaster-Tropical Storm T Natural Disaster-Tropical Storm T Natural Disaster-Tropical Storm T Natural Disaster-Tropical Storm T Natural Disaster-Wildfire or Fire D Man-made Disaster (Major) N Natural Disaster-Wildfire or Fire D Man-made Disaster (Major) N Natural Disaster-Chlorer O Other-i.e. Lack of affordable housing, long-term poverty, unemployment or underemployment, lack of affordable health care, mental illness, domestic violence, forced eviction, etc. U Unknown Z No, student is not homeless and has not been homeless this school year ETUDENT IS OUT OF ZONE, WILL THEY REQUIRE TRANSPORTATION Signature Date	Date of Birth:		Address:		
Start date if different from enrollment date: Start date if different from enrollment date: Military Status (active or veteran)? Circle Yes or No Place "X" in box for appropriate answer	Pupil No:	Grade: School of Enrollment:			
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Student's Siblings: School:	Signature			Date	
	Student's Siblings:		9	School:	

Please fax to Student Services: ATTN: Homeless Liaison at Fax: 547 7595

St. Johns County School District Homeless Identifier Checklist

Student Name:					
Pupil Number:					
Date of Birth:					
McKinney-Vento Homeless Assistance Act: Every child has the right to an education if due to a loss of housing. If you live in a shelter, motel, vehicle, or campground; on the street; in abandoned buildings; or doubled -up with relatives or friends, you are eligible to receive services provided under the McKinney-Vento Homeless Assistance Act.					
The goal of our program is to help each child or youth who are experiencing homelessness, remain in a stable academic environment, and assist with referrals and resources while going through this transition.					
This form will help the Liaison identify the services that are needed for the student.					
CHECKLIST Academic - Tutoring/Remedial Programs					
Tutoring services Special Education ESE Services Gifted Program Vocational/Tech					
Social Services					
Food					
Clothing					
Other (specify)					
School Transportation					
Wellness Programs					
Counseling Health/Nutrition Mental Health Domestic violence/child abuse intervention Physical Health/Medical Needs					

Dental Health