

St. Johns County School District, Student Services Homeless Identifier

Student's Last Name: _____

First Name: _____ Middle: _____

Date of Birth: _____ Address: _____

Pupil No: _____ Grade: _____ School of Enrollment: _____

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

Code	Definition
<input type="checkbox"/> A	In emergency or transition shelter, FEMA Trailers, abandoned in hospitals.
<input type="checkbox"/> B	Share with others due to loss of housing, economic hardship or a similar reason; doubled up
<input type="checkbox"/> 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.
<input type="checkbox"/> E	Living in Hotels/ motels
<input type="checkbox"/> F	Awaiting foster care
<input type="checkbox"/> 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

- | | |
|----------------------------|---|
| <input type="checkbox"/> M | Mortgage Foreclosure |
| <input type="checkbox"/> F | Natural Disaster-Flooding |
| <input type="checkbox"/> H | Natural Disaster-Hurricane |
| <input type="checkbox"/> S | Natural Disaster-Tropical Storm |
| <input type="checkbox"/> T | Natural Disaster-Tornado |
| <input type="checkbox"/> W | Natural Disaster-Wildfire or Fire |
| <input type="checkbox"/> D | Man-made Disaster (Major) |
| <input type="checkbox"/> N | Natural Disaster-Other |
| <input type="checkbox"/> 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. |
| <input type="checkbox"/> U | Unknown |
| <input type="checkbox"/> Z | No, student is not homeless and has not been homeless this school year |

Comment Box:

Y / N

IF STUDENT IS OUT OF ZONE, WILL THEY REQUIRE TRANSPORTATION

Signature _____

Date _____

Student's Siblings: _____

School: _____

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