



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

MIS 140  
Rev. 04/20

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)       Tornado (T)       Tropical Storm (S) : storm name \_\_\_\_\_
- Eviction               Earthquake (E)       Hurricane (H) : storm name \_\_\_\_\_
- Unemployment (O)    Flooding (F)           Man Made Disaster (D)
- Fire (W)               Wildfire (W)           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.

**Must be emailed immediately to [sitprogram@pasco.k12.fl.us](mailto:sitprogram@pasco.k12.fl.us)**