



Miami-Dade County Public Schools
 Department of Title I Administration
 Project UP-START Program



2022-2023 Project UP-START Student Eligibility Questionnaire

This questionnaire is intended to help determine eligibility of services under the federal McKinney-Vento Act. Florida Statute 837.06 provides that who whoever knowingly makes a false statement in writing with the intent to mislead a public servant in the performance of his official duty shall be guilty of a misdemeanor of second degree.

Project UP-START Services are confidential and this form is not to be shared with outside agencies.

QUESTION 1: WHAT IS YOUR FAMILY CURRENT NIGHTTIME RESIDENCE? (SELECT ONE OPTION)

- Shelter (A) Doubled-up/Sharing the home of others (B) Car/Park/Trailer/Substandard Housing (e.g., no water, no electricity, mold infestation) [D]
 Hotel/Motel/Airbnb (E) Rent home Own home

SKIP QUESTION #2 IF YOU SELECT RENT HOME/OWN HOME

QUESTION 2: WHAT IS THE REASON YOUR FAMILY DOES NOT HAVE A PERMANENT NIGHTTIME RESIDENCE? (SELECT ONE OPTION)

- Pandemic (P) Hurricane (H) Flooding (F) Lack of affordable housing/eviction, domestic violence, mental illness, unemployment (O)
 Man-Made Disaster/Fire (D) Mortgage Foreclosure (M) Tropical Storm (S) Tornado (T) Other/Unknown (U)

QUESTION 3: WHO IS/ARE THE STUDENT(S) FOR WHOM YOU ARE COMPLETING THIS FORM?

Student First & Last Name	Student ID Number	Date of Birth	Grade Level	School Name/Location #

PARENT/GUARDIAN CONTACT INFORMATION (DO NOT COMPLETE QUESTIONS 4 AND 5)

Current Address: City: Zip Code:
 Parent Name: Phone Number:
 Parent/Guardian Signature: Date:

QUESTION 4 AND 5: TO BE COMPLETED BY UNACCOMPANIED YOUTH ONLY (SELECT ONE OPTION)*

- 4) Are you living alone without an adult? 5) Are you living alone with an adult that is NOT a parent/guardian?

Caregiver's Name: Date:

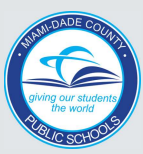
Unaccompanied Youth Signature:

*Please ask your caregiver to complete the Caregiver's Authorization Form (FM-7402), and submit it with this form.

FOR SCHOOL/AGENCY USE ONLY

School/Agency Name: Location #:
 School Contact Name:
 Contact Number/Ext: Email Address:

Please fax the completed forms to 305 579-0370, or via email at projectupstart@dadeschools.net or send forms to the respective location site, to the attention of Project UP-START: South - Loc #7021; Central - Loc #8005, & North - Loc #9571.
 THIS FORM DOES NOT TRIGGER A CALL TO THE FAMILY. FOR MORE SERVICES, FM-7404 AND/OR FM-7405 MUST BE SUBMITTED.



**Escuelas Públicas del Condado Miami-Dade
Departamento de la Administración de Título I
Programa del Proyecto UP-START**



2022-2023 Cuestionario de Elegibilidad de Estudiantes del Proyecto UP-START

El propósito del presente cuestionario de elegibilidad estudiantil es el de determinar la elegibilidad para obtener servicios de acuerdo con la Ley McKinney-Vento Act. El Estatuto de la Florida 837.06 provee que si alguien a sabiendas hace una declaración falsa por escrito con la intención de engañar a un funcionario público en el oficio de sus obligaciones, será culpable de un crimen de delito menor cuantía de segundo grado.

Los servicios del Proyecto "UP-START" son confidenciales y este formulario no se deberá compartir con agencias comunitarias externas.

PREGUNTA 1: ¿CUÁL ES LA RESIDENCIA NOCTURNA ACTUAL DE SU FAMILIA? (SELECCIONE UNA OPCIÓN)

- Albergue (A) Comparte vivienda con otras personas (B) Vehículo/Parque/Parque de casas móviles/ Vivienda subestandar (por ejemplo, sin servicio de agua o corriente/ infestada con moho) [D]
- Hotel/Motel/Airbnb (E) Alquila una vivienda Propietario de su vivienda

SALTE A LA PREGUNTA #2 SI SELECCIONA ALQUILA UNA VIVIENDA O PROPIETARIO DE SU VIVIENDA

PREGUNTA 2: ¿POR QUÉ SU FAMILIA NO TIENE UNA RESIDENCIA NOCTURNA PERMANENTE? (SELECCIONE UNA OPCIÓN)

- Pandemia (P) Huracán (H) Inundación (F) Falta de vivienda asequible, desalojo, enfermedad mental, desempleo, violencia doméstica (O)
- Incendio (D) Ejecución hipotecaria (M) Tormenta tropical (S) Tornado (T) Desconocido / Otra razón (U)

PREGUNTA 3: ¿QUIÉNES SON LOS ESTUDIANTES PARA LOS CUALES USTED ESTÁ LLENANDO ESTE FORMULARIO?

Nombre y Apellido del Estudiante	# ID del Estudiante	Fecha de Nacimiento	Grado	Escuela / # de la Escuela

PADRES/TUTORES INFORMACION DE CONTACTO (NO COMPLETE LAS PREGUNTAS #4 AND #5)

Dirección Actual: Ciudad: Código postal:

Nombre del Padre/Madre/Tutor : Teléfono:

Firma Padre/Madre/Tutor: Fecha:

PREGUNTAS #4 AND #5: LLENAR POR JÓVENES NO ACOMPAÑADOS SOLAMENTE (SELECCIONE UNA OPCIÓN)*

- 4) ¿Vives solo sin un adulto? 5) ¿Vives solo con un adulto que NO es padre/tutor legal?

Nombre del cuidador : Fecha:

Firma de estudiante no acompañado :

***Pídale a su cuidador que complete el Formulario de autorización del cuidador (FM-7402), y envíelo con este formulario.**

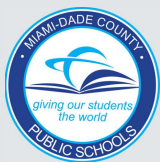
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Lekòl Leta Miami-Dade County
Depatman Administrasyon 'Title I'
Timoun ak Jèn nan Pwogram Tranzisyon
2022-2023 Kesyonè Pwojè 'UP-START' pou Elijibilite Elèv



Kesyonè sa a fèt pou ede detèmine elijibilite pou sèvis ki nan Akò federal McKinney-Vento. Lwa Florid 837.06 prevwa ke nenpòt moun ki konsyamman ekri yon fo deklarasyon avèk entansyon pou twonpe yon fonksyonè piblik nan pèfòmans devwa ofisyèl li ap koupab de yon "misdemeanor" (enfrazyon) dezyèm degre.

Sèvis Project UP-START yo konfidansyèl e fòm sa pa dwe pataje avèk okenn lòt ajansy.

KESYON 1: KI KOTE FANMI OU DOMI NAN NWIT? (CHWAZI YON OPTION)

- Abri Ijans (A) Abite kay lòt moun tanporèman (B) Dòmi nan machin/pak/kay mobil/bilding abandone/kay ki an move eta (e.g. pa gen dlo/elektrisite, enfeksyon mwazi) [D]
- Motèl/otèl/Airbnb (E) Lwe kay Posede pwòp kay

SOTE KESYON #2 SI OU CHWAZI LWAYE KAY/POSEDE PWÒP KAY

KESYON 2: KI REZON FANMI OU PA GEN KOTE PO YO DOMI NAN NWITYON REZIDANS PERMANAN LWIT (CHWAZI YON OPTION)

- Pandemic (P) Siklòn (H) Inondasyon (F) Mank lojman ou pakab paye, mete deyò nan kay, vyolans domestik, maladi mantal, pa travay (O)
- Dezas/Dife Moun Lakoz (D) Labank Sezi Kay (M) Tanpèt Twopikal (S) Tònad (T) Lòt rezon nou pa konnen (U)

KESYON 3: PO KI ELÈV (YO) WAP RANPLI FÒM SA A?

Pronoun & Non Elèv	#ID Elèv la	Dat Nesans	Klas	#Lekòl/Lokasyon

ENFÒMASYON KONTAK POU PARAN/GADIAN (PA RANPLI KESYON 4 AK 5)

Adrès Aktyèl : Vil: Kòd Postal:

Non Paran/Gadyen Legal : Nimewo Telefòn:

Siyati Paran/Gadyen: Dat :

KESYON 4 AK 5: JÈN KI PA ACOMPANYNE SÈLMAN POU RANPLI (CHWAZI YON OPTION)*

4) Èske w ap viv poukont ou san yon granmoun? 5) Èske w ap viv poukont ou ak yon adilt ki PA yon paran/gadyen?

Non Moun Kap Bay Swen : Dat :

Siyati jèn ki pa Akonpaye :

*Tanpri mande moun kap bay w swen ranpli Fòm Otorizasyon Moun Kap Bay Swen an (FM-7402), epi soumèt li ak fòm sa a.

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