

Volusia County Schools

Manual for Enrolling and Serving Homeless Students

PETALS



People Experiencing Transition and Loss of Shelter

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Distributed by Student Services

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Volusia County Schools

Manual for Enrolling and Serving Homeless Students

(Compliance with McKinney-Vento Homeless Education Assistance Act)

Purpose

The purpose of this manual is to provide school personnel with information and procedures to ensure the effective implementation of the McKinney-Vento Homeless Education Assistance Act. The McKinney-Vento Act is a federal law that ensures children and youth who do not have permanent housing are able to go to school. It gives children and youth rights to immediately enroll in school, stay in school, receive transportation to school, and do well in school.

Schools may not separate or stigmatize students based on their homelessness.



Definitions – Taken from Federal Law

Children and youth who are homeless means children and youth who are otherwise legally entitled to or eligible for a free public education, including preschool, and **lack a fixed, regular, and adequate nighttime residence.** The term includes children and youth who:

- Share the housing of other persons due to loss of housing, economic hardship, or a similar reason.
- Are living in motels, hotels, camping grounds or trailer parks due to lack of alternative adequate accommodations.
- Are living in emergency or transitional shelters.
- Are abandoned in hospitals.
- Have a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings.
- Are living in cars, parks, public spaces, abandoned buildings, substandard housing, bus or train stations, or similar settings.
- Are migratory children who qualify as homeless because the children are living in circumstances described above.

A child or youth shall be considered homeless for as long as he or she is in a living situation described above.

Unaccompanied youth: a homeless child or youth (defined above) who is not in the physical custody of a parent or guardian. The more general term *youth*, used throughout this document, also includes unaccompanied youth.

Enroll/enrollment: attending school and participating fully in school activities.

Immediate: without delay.

Parent: a person having legal or physical custody of a child or youth.

School-based contact: the designated person at each school in the district who is responsible for completing the checklist on homeless students and serving as the source of information at their site.

School of origin: the school that the child or youth attended when permanently housed, or the school in which the child or youth was last enrolled including a preschool.

Liaison: the staff person designated by this district responsible for carrying out the duties assigned by the McKinney-Vento Act.



Identification - Identification of homeless children and youth is the first step in serving them. It is the responsibility of the liaison to work with district, school, and community personnel in this effort. For school personnel, this means to:

- **Display** the homeless poster “**Every Child Has the Right to An Education**” and hand out the brochure “**What Families in Transition Need to Know about Public Education.**”

The poster and brochure are distributed by the liaison and must be placed where parents and students have access to them. The poster and brochure are also available in Spanish. (*See Appendix A for poster samples.*)

- **Remain** informed regarding homeless students if you are the registrar or school-based contact.
Updates are presented annually at the registrar’s spring meeting. Any changes in procedures or data gathering are presented by the liaison. Other changes that occur are sent through e-mail or memorandum. These changes must then be incorporated into the process of dealing with homeless students.
- **Know** if a parent states that the family is living in a shelter, hotel/motel, campground, etc., or doubled up with someone they are considered homeless under Federal McKinney Vento Act law. This should serve as a “red flag” for registrars. Registrars are expected to then review the homeless questions with the parent.
- **Realize** that currently enrolled students may become homeless during the school year and when that happens, have the parent complete the **Student Housing Questionnaire Form** and file it in the cumulative record (*see Appendix D for form sample*).

A current student’s homeless status may only become known through poor attendance, behavior issues, or even a request for a variance. A student or parent may tell the classroom teacher, school counselor, school social worker, or other school personnel that they have lost their home, are being evicted, etc. When this information becomes known, the registrar then codes the student as homeless and completes the normal process. The completed student residency information form is placed in the cumulative record.

- Properly code into Focus

❖ **Homeless Status:**

- **Student who lacks a fixed and/or regular residence due to any of the following situations - (field: homeless student status) (form: families in transition)**

Mark "YES" if your family lives in any of the following situations temporarily **because you cannot find or afford adequate housing.**

- ✓ Child/youth sleeps at night on the street, in a car, tent, abandoned building, park or other place not ordinarily used as a sleeping accommodation for human beings;
- ✓ Child/youth sleeps at night in a motel, trailer or campground;
- ✓ Child/youth sleeps at night in a shelter, e.g., homeless, runaway, domestic abuse, abuse;
- ✓ Child/youth sleeps temporarily at night in the home of a relative or friend ***because of economic necessity.***

Y	Yes - Homeless	Student is defined as homeless.
F	Current Year Former Homeless	Student previously met the definition of homeless but no longer meets the criteria. <u>(McKinney-Vento benefits remain eligible during the remainder of the school year)</u>
R	Re-instated	Student again meets definition of homeless. (Same school year)
P	Prior School Year Former Homeless – Occurs during the roll-up process in June	Students with an “F” (Former) in this field will convert to “P” (Prior School Year Former Homeless).
Homeless Unaccompanied Youth (a homeless child or youth who is not in the physical custody of a parent or guardian)		
C	Student is a homeless child or youth (or student eligible for homeless services) who is 16 years of age or older, is not in the physical custody of a parent or guardian and has been certified by the school district homeless liaison.	
U	Student is a homeless child or youth (or student eligible for homeless services) under the age of 16 years who is not in the physical custody of a parent or guardian.	
N	No, Is homeless but does not meet the definition of unaccompanied youth	

***Registrars do not enter “P” Code.** This code is used for tracking by the Department of Education.

****Note:** Homeless students are tracked on a school year basis. If a Prior School Year Homeless student (code “P”) becomes homeless in the **current** school year, please code the student as “Y”. **Do not** use code ‘R’ (Re-instated) for these students.

If no entry is made, this code will default to “N” Not Homeless.

- **Students who are identified as homeless who lack documentation should be enrolled in school immediately, with all requirements for initial entry provided within 30 school days.**

If immunization/health related entry items are not available at the time of entry, place a “Y” in the Immunization Status field and enter an expiration date in the Expiration Date field that is 30 school days after the date of entry.

- **Student lacks a fixed and/or regular residence due to any of the following situations–** (field: homeless primary night residence) (Form: Primary Night Residence)

If your family lives in any of the following housing situations temporarily **because you cannot find or afford adequate housing**, then check which one applies.

❖ **Homeless Primary Residence:**

A =	Child/youth has as their primary night residence a shelter, e.g. homeless, runaway, domestic abuse, abuse;
B =	Child/youth has as primary night residence the home of a relative or friend because of economic necessity;
D =	Child/youth has as their primary night residence a car, tent, public park, abandoned building or other place not ordinarily used as a sleeping accommodation for human beings;
E =	Child/youth has as their primary night residence a hotel or motel.

**If no entry is made, this code will default to “N” Student Not Homeless.*

❖ **Homeless Cause: (Form: Transition or Homeless Cause)**

Please indicate the cause of homelessness:

- D** = Man-made Disaster (Major)
- E** = Natural Disaster - Earthquake
- F** = Natural Disaster – Flooding
- H** = Natural Disaster – Hurricane
- M** = Mortgage Foreclosure
- 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.
- S** = Natural Disaster – Tropical Storm
- T** = Natural Disaster – Tornado
- W** = Natural Disaster – Wildfire or Fire
- P** = Pandemic

- **Complete** the **McKinney-Vento Educational Act - Checklist for School Personnel** (*online form 2006-048-VCS/Appendix B for form sample*) on all **newly** identified homeless children and youth. The original is sent to the liaison and a copy kept by the school-based contact. Please keep these completed copies in a file at your school for monitoring purposes.
- **Participate** in training that is offered to district personnel (registrars, school counselors, social workers, teachers, nurses, etc.)
Training includes information on indicators of homelessness, sensitivity in identifying families and youth, district procedures, and services. **Volusia County Schools will ensure that homeless children and youth are free from discrimination, segregation, and harassment.**
- **Contact** the liaison if any questions or concerns arise regarding an individual student meeting the definition of homelessness.

Since circumstances may vary greatly for students, homeless determinations need to be case-specific.



Enrollment

Students who are **new enrollees** to Volusia County Schools and meet the definition of homeless **enroll in the school that serves students who live in the attendance zone in which the child or youth is actually living**, whether it is a shelter, hotel/motel, doubled-up, etc. (School selection for existing students is covered in the next section.)

Registrars will enroll children and youth who meet the definition of homelessness as they have **the right to immediately enroll in school, even if lacking documents normally required**. **Thirty school days** are allowed to get required documents turned in to the registrar. These include:

- **Proof of Residency**
A Residence Affidavit form (*see Appendix C for form sample*) may still be completed but **does not delay enrollment**.
- **Transcripts/School Records**
The enrolling school must contact the student's previous school to obtain school records. Initial placement of a student whose records are not immediately available can be made based on the student's age and information gathered from the student, parent, and previous schools or teachers.
- **Medical Records, Including Physicals, Immunizations, etc.**
The parent of the student is to be referred to the Volusia County Health Department for immunizations, if not available from previous school. A referral is to be made to the liaison if it is determined that no physical is available.
- **Proof of Guardianship**
If there is a serious concern about guardianship, then the appropriate authorities should be contacted.
- **Birth Certificate**
If no birth certificate is with previous school records, the registrar is to direct the parent to the Office of Vital Statistics where the student was born or refer the parent to the liaison.
- Any other document requirements

Students may not be excluded from school for lack of the following:

- Outstanding fees, fines or absences
Schools cannot refuse to release records because the parent has not paid some fees.
- Lack of uniforms or clothing that conforms to dress codes
- Any factor related to the student's living situation (i.e., court papers)

Unaccompanied youth may enroll themselves or be enrolled by a non-parent caretaker, older sibling, or the liaison.

Registrars, have the parents **complete the Student Housing Questionnaire**. **The McKinney-Vento Educational Act Checklist for School Personnel** must be completed on each homeless student at the time of identification.



School Selection

Children and youth meeting the definition of homelessness normally enroll (first time) in their zoned school. If they have been attending Volusia County Schools and become homeless, they have the right to continue in their same school, which is referred to as the “school of origin.” **A request for an A07 variance should be completed for each homeless student once out-of-zone, and the liaison should be contacted.** If the student has moved out of county but wants to remain in their school of origin, they should notify school choice department.

Students may remain at their schools of origin the entire time they are homeless. If they find permanent housing (no longer homeless) during the academic year they may remain until that school year’s end as long as that is feasible, and that is what the parent or youth desires. This also applies if the child or youth becomes homeless between academic years.

Feasibility of remaining in the school of origin is a child-centered determination, based on the needs and interests of the particular student and the parent’s or youth’s wishes. Potential feasibility considerations include:

- Safety of the student
- Student’s age, academic, and emotional needs
- Continuity of instruction
- Likely area of family’s or youth’s future housing
- Time remaining in the academic year
- Anticipated length of stay in temporary living situation
- School placement of siblings
- Whether the student has special needs that would render the commute harmful

Services that are required to be provided, including transportation to and from the school of origin (see below) and services under federal and other programs, shall not be considered in determining feasibility.

Transportation



Since school stability is essential for educational success, the district will, at a parent’s request, provide transportation to and from the school of origin for a homeless child or youth. Transportation will be provided for the entire time the child or youth has a right to attend that school, as defined above, including during disputes. Transportation options include:

- Assignment on a district bus, if routing and personnel available
- Providing monthly VOTRAN passes if student is age-appropriate and other options are not feasible

If the registrar determines there is an issue of transportation with a homeless student, the liaison should be contacted via e-mail with student name, alpha, and address. **The liaison must be included in all transportation requests to and from the school of origin for all homeless children and youth living out-of-zone.** The length of the commute will only be considered in determining the feasibility of placement in the school of origin based on potential harm to the student, as discussed above.

When transportation is requested by the parent of a homeless child or youth attending a school out of zone, the registrar will properly code in FOCUS (O in Needs and Y in Transportation). By doing this, GIS/Routing Department will be alerted and will assess the feasibility of assigning the student(s) to a bus stop.



Services

Children and youth who are defined as homeless shall be provided services comparable to services offered to other students, including:

- Educational services for which the student meets eligibility criteria, including special education and related services as well as programs for English language learners.

Upon identification, homeless students are to be referred to the school's Problem Solving Team for academic evaluation. Forms PST 5 and PST 6 A/H are to be used.

- Free meals Homeless children and youth are eligible to receive free meals due to their status. Once coded the registrar or school-based contact person needs to notify the Café manager upon enrollment of the student's status so that free meals will be received the first day in attendance. The parent or youth will receive a letter stating their eligibility.

- Referral of family to area agencies who serve the homeless

Registrars and/or the school-based contacts are to give the pamphlet ***Finding Your Way – a Guide to Resources in Volusia County*** to the family. This guide has been produced by the district and distributed to the schools. Additional copies are available through the liaison. It is available in English and Spanish.

- Title I academic services Homeless children and youth are eligible to receive Title I services, regardless of the school they attend. These programs are designed to assist with academic achievement.

Disputes or Revocation of Variances

If a child or youth becomes homeless and there is a question or conflict about enrolling or remaining in their school of origin, the liaison should be contacted. The district must comply with the dispute resolution process that is mandated by law. Children and youth have the right to remain in school while the dispute is resolved. A "Best Interest Determination" meeting may be held which involves the student, parent, liaison, and school personnel. **Parents must be informed by school personnel of their rights that are outlined in the Best Interest Determination & Dispute Resolution Process Manual.**

Any questions or concerns regarding homeless children and youth should be referred to the Project Manager -Homeless Education Liaison.

Appendix A

Every Child has the RIGHT to an EDUCATION

If you or your family live in any of the following locations or situations:

- ✓ a hotel, motel, vehicle, or campground
- ✓ an emergency shelter, domestic abuse shelter, or youth shelter
- ✓ a transitional housing program
- ✓ with friends or relatives due to economic necessity
- ✓ on the street

then, you have certain RIGHTS or PROTECTIONS under the McKinney-Vento Homeless Education Assistance Act.

For more information, please speak to the school registrar or school counselor.

You may also call

the Volusia County Schools District

at any of the numbers listed below and ask the operator for People Experiencing Transition & Loss of Shelter (PETALS) office or dial extension 20856.

Daytona Beach (386) 255-6475

DeLand (386) 734-7190

New Smyrna Beach (386) 427-5223

Osteen (386) 860-3322

PETALS



People Experiencing Transition and Loss of Shelter

Cada Niño tiene el DERECHO a una EDUCACIÓN

Si tú o tu familia vive en cualquiera de los siguientes lugares o situaciones:

- ✓ un hotel, motel, vehículo, o campamento
- ✓ un albergue de emergencia, un albergue para las víctimas de abuso doméstico o en un albergue para jóvenes
- ✓ un programa de vivienda transitoria
- ✓ con amigos o familiares debido a necesidad económica
- ✓ en la calle

en tal caso, tienes ciertos DERECHOS y PROTECCIONES
bajo el Acta de Asistencia Educativa de Personas Sin
Hogar de McKinney -Vento.

Para más información, comunícate con la persona encargada de registrar a los
estudiantes o un orientador escolar.

También puede llamar al Distrito Escolar del Condado de Volusia;
marque uno de los siguientes números y pregunte por la Oficina para
Personas Experimentando Transición y Pérdida de Vivienda (PETALS) o
marque la extensión 20856.

Daytona Beach (386) 255-6475

DeLand (386) 734-7190

New Smyrna Beach (386) 427-5223

Osteen (386) 860-3322

PETALS



People Experiencing Transition and Loss of Shelter

Appendix B



McKinney-Vento Educational Act Checklist for School Personnel

Once the form is completed send the original to the Homeless Education Program, Student Services, DeLand Transportation 1301 Shapiro Drive, Building #8. Retain a copy for the School-Based Homeless Contact.

School: _____ **Date Began:** _____

Student Name: _____ **Student ID:** _____

Completed By: _____ **Title:** _____ **Ext:** _____

The following checklist should be completed on each student when identified as homeless. Please record the date for each item in the space provided. Indicate N/A if an item does not apply.

Date or N/A

- _____ Assess student's educational needs (designated/appropriate school personnel to complete within 24 hours)
 - Review registration information and enrollment history in Volusia County
 - Request prior school records/cumulative folder and ESOL/ESE records, if applicable
 - Make contact with prior schools and gather pertinent information needed for placement or services
 - Follow-up on "in process" requests or referrals from prior school
 - Refer to PST Problem-Solving Team for meeting when records are received
- _____ Complete in FOCUS for homeless coding
- _____ Complete Student Housing Questionnaire Form for students who are already attending and became homeless
- _____ Notify the Café Manager (via e-mail, note, or phone) that this student receives free meals immediately and once identified, remains eligible for the remainder of the school year
- _____ Notify the classroom teacher(s) of the student's status (confidential information)
- _____ Provide school supplies, if needed
- _____ Identify additional family members enrolled in other Volusia County Schools (list names and schools)

- _____ Refer any student lacking required medical records (physical, birth certificate, immunizations) to the Project Manager for Homeless Education (student has **30 school days** to return information)
Types of records missing: _____
- _____ Complete a variance form if student has moved out of his/her zoned school
- _____ Coordinate transportation with the District Homeless Education Liaison for out-of-zone students
 - Bus routing
 - VOTRAN passes
- _____ Make referral to any of the following, if there are additional significant concerns:
 - School Counseling Services for academic, behavior or other concerns
 - Health services for vision or hearing referrals, medication issues, etc.
 - School Social Work Services for social service needs, home/school communication.

Contact the Project Manager- Homeless Education, ext. 20856 regarding any concerns or questions.

Form #2006-048

Appendix C



RESIDENCE AFFIDAVIT

I, _____ declare that the following people resides in my home and that they have no other residence other than the one listed in this affidavit below.

Homeowner's or Renter's Address

City

Phone Number

Names (Include parent/guardian):

Birth Date:

Last School Attended:

Under penalties of perjury, I declare that the information given on this document are the facts stated and true. A person who knowingly makes a false declaration is guilty of the crime of perjury by false written declaration, a felony of the third degree. (Florida Statue 92.525)

Signature of Homeowner or Renter

Signature of Parent/Guardian

Date: _____

Date: _____

Notary Public: State of Florida, County of _____, sworn to and subscribed before me this _____ day of _____, 20_____, by _____, who is personally known to me or who has produced

_____, who is personally _____ known by me or has produced _____ as identification.

Signature of Notary Public

Date My Commission Expires

Place Stamp Here



AFIDÁVIT DE RESIDENCIA

Yo, _____ declaro que las siguientes personas residen en mi hogar y que ellos no tienen ninguna otra residencia que no sea la mencionada en este affidavit.

Dueño o Inquilino Dirección Ciudad Número Teléfono

Nombre (Incluya padre/guardián):	Fecha de Nacimiento:	Ultima escuela que asistió:
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Estatuto de la Fla. 837.06 – Quien a sabiendas hacer una declaración falsa por escrito con la intención de engañar a un servidor público en la ejecución de sus deberes oficiales será culpable de un delito menor en Segundo grado, castigable como provisto en el e.775.082. e.775.083, o e.775.084.

Firma _____ Firma _____
Dueño o Inquilino Padre /Guardian

Fecha _____ Fecha: _____

Notario Público: El estado de _____, Condado de _____, juramentado y suscrito ante mi este _____ día de _____, del 20_____, por _____, quien me es conocido personalmente o quien ha producido _____ como identificación.

Firma del Notario Público

Mi comisión expira /Numero Comisión

Número de Comisión del Notario Público

Appendix D

Student Housing Questionnaire

SCHOOL Data Entry:

Date: _____

Code: R _____ U _____

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

1. How many other children/youths are in your household (even if not enrolled in school)? _____

2. 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.)

a. Name of Student to be Enrolled:

First Name	MI	Last Name	Birth Date	Grade	School
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b. Other Children/Youth in Your Household (even if not enrolled in school):

First Name	MI	Last Name	Birth Date	Grade	School
------------	----	-----------	------------	-------	--------

First Name	MI	Last Name	Birth Date	Grade	School
------------	----	-----------	------------	-------	--------

3. Parent's, Guardian's, or Unaccompanied Youth's Name (Print): _____

a. Street Address (Location of House): _____

b. Length of time at this Address: _____

c. Former Address: _____

d. Mailing Address: _____

e. Telephone: _____ Cell Phone: _____ Work phone: _____

The undersigned certifies that the information provided is accurate.

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

4. 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 (e.g., FEMA Trailer).			A
2. My family is sharing the housing of other persons due to loss of housing, economic hardship, or a similar reason; doubled-up.			B
3. My family is living 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. A child/youth in my home is under 16 years of age and an unaccompanied youth (youth not in the physical custody of a parent or guardian) or I am an unaccompanied youth under the age of 16 years.			U
6. 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 guardian) or I am an unaccompanied youth 16 years of age or older.			C

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

- | | | |
|--|---|---|
| ☐ Man-made Disaster (Major) (D) | ☐ Earthquake (E) | ☐ Flooding (F) |
| ☐ Hurricane (H) | ☐ Mortgage Foreclosure (M) | ☐ Other Homelessness Causes(N) |
| ☐ Pandemic (Major) (P) | ☐ Tropical Storm (S) | ☐ Tornado (T) |
| ☐ Unknown (U) | ☐ Wildfire (W) | |

If you answered "Yes" to some or all of the questions above, an educational representative may contact you to find out whether your child is or you, as an unaccompanied youth, are eligible for additional educational services.

Directions for school staff: For students with positive responses to questions 1-6, complete data entry in FOCUS in the Homeless tab, complete school data entry box on this form to indicate data entry has been completed and then place the original in cumulative record.



Distrito Escolar del Condado de Volusia

Información Residencial del Alumno

SCHOOL Data Entry:

Date: _____

Initials: _____

El presente Cuestionario busca cumplir con los requisitos de la Ley Que Ningún Niño Se Quede Atrás (Título X, Sección C). Sus respuestas abajo nos ayudarán a determinar si su hijo(a) califica para recibir más servicios de apoyo.

Favor de llenar un cuestionario por familia con letra molde legible y entregarlo al personal escolar.

¿Cuántos niños, niñas y adolescentes hay en su hogar (incluyendo los que no asistan a ninguna escuela)? _____

Nombres de los alumnos matriculados en la Escuela (PK-12) o Escuela para Adultos (adjunte otra hoja de ser necesario):

Nombre	Inicial Apellido	Fecha de Nacimiento	Grado	Escuela

Nombre	Inicial Apellido	Fecha de Nacimiento	Grado	Escuela

Nombre	Inicial Apellido	Fecha de Nacimiento	Grado	Escuela

Nombre del Padre o tutor legal: _____

Dirección Física: _____

Dirección Postal: _____

Tiempo en esta dirección: _____ Dirección Actual: _____

Teléfono: _____ Celular: _____ Trabajo: _____

Tiempo de Residir en Domicilio Actual: _____ Domicilio Anterior: _____

Colocar una "X" debajo de la respuesta apropiada (Sí o No)

Pregunta	Sí	No	Clave
1. ¿Mi familia vive en un refugio de emergencia, de transicional o en un remolque de FEMA?			A
2. ¿Mi familia comparte vivienda con otras personas debido a la pérdida de vivienda, dificultad económica o alguna razón similar?			B
3. ¿Mi familia vive en un automóvil, parque, remolque temporal en algún parque o campamento debido a la falta acomodo adecuado, lugar público, edificio abandonado, vivienda deficiente, autobús o estación de tren, lugar o privado no designado para uso ordinario de acomodo para dormitorio o algún otro lugar similar?			D
4. ¿Mi familia vive en un hotel o motel?			E
5. ¿Un niño o adolescente en mi hogar no está en custodia física de un adulto o tutor?			Y o N

*** Si usted marco 'Sí' en alguna pregunta, indique cual fue la causa para la reubicación. Marque con una X.**

- | | | |
|---|--|--|
| ☐ Ejecución Hipotecaria (M) | ☐ Desastre Natural – Inundaciones | ☐ Desastre Natural – Huracán |
| ☐ Desastre Natural – Tormenta Tropical (S) | ☐ Desastre Natural – Tornado | ☐ Desastre Natural – Fuegos Forestal/fuegos |
| ☐ Desastre Causado por el Hombre | ☐ Desastre Natural – Terremoto | ☐ Pandemia (P) |
| ☐ Otros: Falta de vivienda costo efectiva, Nivel de pobreza por largo tiempo, desempleado o subempleado, falta de atención medica costo efectivo, enfermedad mental, violencia doméstica, desalojo forzoso, entre otras. | | |

Firma de Padre o Tutor: _____ Fecha: _____

Directions for school staff: For students with positive responses to questions 1-6, complete data entry in FOCUS in the Homeless tab, complete school data entry box on this form to indicate data entry has been completed and then place the original in cumulative record.

2011-002-VCS (Spanish)

Appendix E



SCHOOL PATRON AUTHORIZATION I

This form is to be used only when there are extreme circumstances which prohibit the parents/legal guardian to enroll their child.

Part I Certification of Parent/Guardian

This is to certify that _____,

(Name of school patron)

(relationship to child)

has my permission to act in a parental relationship and have supervisory authority for school purposes over my child/children listed below. This permission is to remain in effect until written notification of revocation is given by me.

List full name and date of birth of each child:

Child's Name	Date of Birth	Child's Name	Date of Birth
Child's Name	Date of Birth	Child's Name	Date of Birth

Name of Parent/Legal Guardian		Signature of Parent/Legal Guardian	
Street Address	City	State	Zip Code
Home Telephone with Area Code ()		Work Telephone with Area Code ()	

Notary Public: State of _____, County of _____, Sworn to and subscribed before me this _____ day of _____, 20_____, by _____, who is personally known to me or who has produced _____ as identification.

Signature of Notary Public

Typed, Printed or Stamped Name of Notary

My commission Expires

Notary Public Commission Number

Place Stamp Here

Part II Certificate of School Patron

This is to certify that I accept supervisory authority and will act in a parental relationship for school purposes over the children listed above. This acceptance is to remain in effect until written revocation is given.

Date	Name of School Patron		Signature of School Patron	
Address	City	State	Zip Code	
Date of Birth	Social Security Number --		Driver's License Number	
Home Telephone ()	Work Telephone ()		Beeper or Cell Phone Number (if available) ()	

A copy of the photo identification of the School Patron must be attached to this form.

Note: This document satisfies the educational purposes of the School District of Volusia County and is not valid for any other purposes, nor does it take place of a court order for custody.

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SCHOOL PATRON AUTHORIZATION II

This form is to be used only when the parents/legal guardians of the child/children are deceased or unavailable to sign. The unavailability of a parent or guardian must be due to extreme hardship circumstances such as the parent/legal guardian's whereabouts are unknown, is serving adjudicated sentence or is incapacitated due to substance abuse, mental illness, etc.

Part I Certification of Parent/Guardian

This is to certify that I accept supervisory authority and will act in a parental relationship for school purposes over the child/children whose names and dates of birth are listed below.

List full name and date of birth of each child:

Child's Name	Date of Birth	Child's Name	Date of Birth
Child's Name	Date of Birth	Child's Name	Date of Birth

Explain the circumstances which make it impossible for you to obtain the notarized signature of the parent (s) or legal guardian of this child/these children:

--

This acceptance is to remain in effect until written revocation is given.

Date		Name of School Patron		Signature of School Patron	
Address		City		State	
Date of birth		Social Security Number		Driver's License Number	
Home Telephone with Area Code ()		Work Telephone with Area Code ()		Cell Phone number ()	

A copy of the photo identification of the school patron must be attached to this form.

Part II School Principal Notification and Referral to School Social Worker

Date of Referral	Signature of Principal	Date
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Part III School Social Worker Referral

Date Referral Received	Name of School Social Worker	Contact Date
Type of Contact	Date Report/Comments Given to Principal	
Signature of School Social Worker		Date

Note: This document satisfies the educational purposes of the School District of Volusia County and is not valid for any other purposes, nor does it take place of a court order for custody.

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PATROCINADORA I

Este formulario es para usarse solo cuando hay circunstancias apremiantes que prohíben a los/al padre/guardián legal matricular a su niño.

Parte I Certificación de Padre/Guardián

Esto es para certificar que _____, _____
(Nombre de Escuela Patrocinadora)(relación al niño)

tiene mi permiso para actuar en una relación paternal y tener autoridad supervisora para propósitos escolares sobre mi niño (a)/niños (as) mencionado (s) a continuación. Este permiso se mantendrá en efecto hasta que un aviso escrito de renovación sea dado por mí.

Escriba el nombre completo y fecha de Nacimiento de cada niño/a:

Nombre del Niño/a	Fecha de Nacimiento	Nombre del Niño/a	Fecha de Nacimiento
Nombre del Niño/a	Fecha de Nacimiento	Nombre del Niño/a	Fecha de Nacimiento

Nombre del Padre/Guardián Legal		Firma del Padre/Guardián Legal	
Dirección Residencial	Ciudad	Estado	Código Postal
Teléfono con Código de Área ()		Teléfono de Trabajo con Código de Área ()	

Notario Público: El estado de _____, Condado de _____,
 juramentado y suscrito ante mí este _____ día de _____, del
 20_____, por _____, quien me es conocido personalmente o quien ha producido
 _____ como identificación.

 Firma del Notario Público

 Escrito en letra de Molde, o Nombre del Notario Estampado

 Mi comisión expira /Numero Comisión

 Número de Comisión del Notario Público

Parte II Certificado de Autorización Patrocinador

Esto certifica que yo acepto autoridad supervisadora y actuaré en una relación paternal para propósitos escolares sobre los niños arriba mencionado (s). Esta aceptación permanecerá en efecto hasta que una revocación escrita sea dada.

Fecha	Nombre de Escuela Patrocinadora		Firma del Patrocinador Escolar
Dirección	Ciudad	Estado	Código Postal
Fecha de Nacimiento	Número de Seguro Social --		Número de Licencia de Conducir
Teléfono del Hogar ()	Teléfono del Trabajo ()		Número de Teléfono Celular ()

Una copia de la identificación con foto de la Escuela Patrocinadora que tiene que estar adherida a este formulario. Aviso: Este documento satisface los propósitos del Distrito Escolar del Condado de Volusia y no es válido para otros propósitos ni toma el lugar de una orden de corte para custodia.

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PATROCINADORA II

Este formulario es para usarse cuando los padres/guardianes legales del niño/los niños han fallecido o no están disponibles para firmar. La indisponibilidad del padre o guardián tiene que deberse a una circunstancia a premiable tal como que se desconoce el paradero del padre/guardián legal, está cumpliendo una sentencia carcelaria o está incapacitado debido al abuso de sustancias controladas, enfermedad mental, etc.

Parte I Certificación de Escuela Patrocinadora

Esto es para certificar que yo acepto la autoridad supervisora y actuare en una relación paternal para propósitos escolares sobre el/los niños (a)/niños (as) a cuyo nombre (s) y fecha (s) de nacimiento se menciona (n) a continuación.

Escriba el nombre completo y fecha de nacimiento de cada niño/a:

Nombre del Niño /a	Fecha de Nacimiento	Nombre del Niño /a	Fecha de Nacimiento
Nombre del Niño /a	Fecha de Nacimiento	Nombre del Niño /a	Fecha de Nacimiento

Explique las circunstancias que hacen imposibles para que usted obtenga la firma notariada del padre (s) o guardián legal de este niño/estos niños.

Esta aceptación se mantendrá en efecto hasta que una revocación escrita sea dado.

Fecha		Nombre de Escuela Patrocinadora		Firma del Patrocinadora Escolar	
Dirección	Ciudad	Estado		Código Postal	
Fecha de Nacimiento		Número de Seguro Social - -		Número de Licencia de Conducir	
Teléfono del Hogar ()		Teléfono del Trabajo ()		Beeper o Número de Teléfono Celular ()	

Una copia de la identificación con foto de la escuela patrocinadora tiene que estar adherida a este formulario.

Parte II Aviso de Principal de Escuela y Referido al/a la Trabajador(a) Social

Fecha del Referido	Firma del/de la Principal	Fecha
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Parte III Referido del Trabajador(a) Social Escolar

Fecha del Referido	Nombre del Trabajador Social Escolar	Fecha del Contacto
Tipo de Contacto	Fecha del Informe/Comentarios Dados al Principal	
Firma del Trabajador(a) Social Escolar		Fecha

Aviso: Este documento satisface los propósitos educativos del Distrito Escolar del Condado de Volusia y no es válido para otros propósitos ni toma el lugar de una orden de corte para custodia.

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Appendix F



Referral to Homeless Education Program



People Experiencing Transition and Loss of Shelter

Date: _____ Person Making Referral: _____
School or Agency: _____ Position: _____
Address: _____
Email: _____ Phone Number: _____

I have identified a student who may be experiencing homelessness (lacking a fixed, regular, and adequate nighttime residence) and would like to make a referral to Homeless Education Program:

Student Name(s): _____

Alpha ID (if available): _____

School Last Enrolled: _____

Parent/Guardian Contact Information (if available): _____

Reason for Referral:

- | | |
|---|--|
| ☐ Extended Day Enrichment Program | ☐ Graduation Cap & Gown Rentals |
| ☐ Emergency Clothing | ☐ Transportation |
| ☐ Equipment fees for athletic or club fees | ☐ Assistance with transferring records (immunizations, health, academic, evaluations, etc.) |

Liaison Contact Information:

Send form to:

- Crystal Eubanks / cneubank@volusia.k12.fl.us
- (386) 734-7190 ext. 20856

Address:

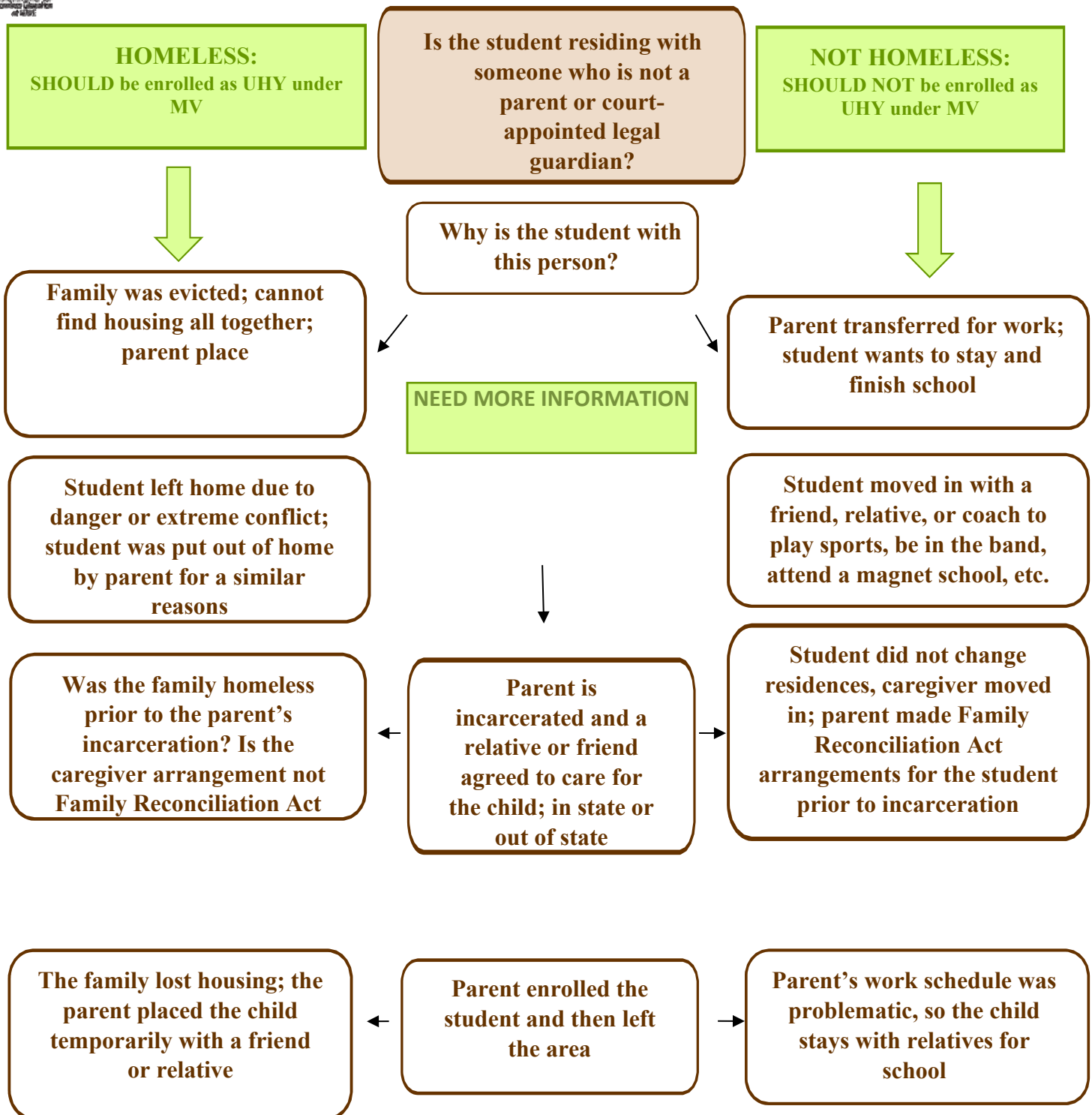
- 1301 Shapiro Dr.
Bldg. #8
DeLand Transportation

Form # 2020-017

Appendix G



National Center for Homeless Education Professional Learning Community Unaccompanied Youth Eligibility Flowchart



Adopted from a flowchart provided by Gay Thomas, Local Liaison, Virginia Beach Public Schools