



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



2024-2025 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 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 the 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) Sharing the home of others/
Doubled-up (B) Car/Park/Trailer/Substandard Housing (e.g., no water,
no electricity, mold infestation) [D]
- Hotel/Motel/Airbnb (E) Rent home* Own home*

*If you select Rent Home/Own Home, please go to Question #7.

▼ 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, etc. (N) Parent/Caregiver is Incarcerated
- Man-Made
Disaster (D) Mortgage Foreclosure (M) Tropical Storm (S) Tornado (T) Wildfire (W) 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 #

▼ QUESTION 4: ARE YOU SEEKING SUPPORT SERVICES FOR YOUR CHILD AT THIS TIME? (SERVICES ARE ONLY APPLICABLE TO ELIGIBLE FAMILIES)

- Yes, I am requesting services at this time.* No, I am not requesting services at this time.

*If "Yes" is selected, your child's school will contact you to obtain information about the specific service(s) that you are seeking for your child.

Attention School Staff: Please submit a Referral for Services (FM-7404) and/or Transportation Request (FM-7405) if the family is requesting services.

▼ QUESTION 5 AND 6: TO BE COMPLETED BY UNACCOMPANIED YOUTH ONLY (SELECT ONE OPTION)*

- 5) Are you living alone without an adult? 6) Are you living alone with an adult that is NOT a parent/guardian?

Caregiver's Name: Date:

Unaccompanied Youth Signature: Phone Number:

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

▼ QUESTION 7: WHAT IS YOUR ADDRESS/CONTACT INFORMATION?

Current Address: Length of time at Current Address:

Former Address: Phone Number:

Parent's Name: Parent/Guardian Signature: Date:

FOR SCHOOL/AGENCY USE ONLY

School/Agency Name : Location # :

School Contact Name : Position :

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.