



Tel #: (754) 321-1566

STUDENT HOUSING QUESTIONNAIRE (SHQ)

ATTENTION parents, caregivers and unaccompanied youth (not living with a parent or legal guardian): The purpose of this questionnaire is to help identify school-aged children and youth who are living in transition (experiencing housing instability). By completing this questionnaire, your school-aged child(ren) may qualify for HEART services and resources to help ensure school stability.

INSTRUCTIONS:

ONLY COMPLETE THIS QUESTIONNAIRE IF YOU DO NOT RENT OR OWN YOUR OWN HOME OR IF YOU ARE A STUDENT WHO DOES NOT RESIDE WITH A PARENT OR LEGAL GUARDIAN (Unaccompanied Youth)

1. With whom does the student(s) live?

- Parent
- Legal guardian
- Adult caring for student who is unable to live with parent or legal guardian at this time
- I am a student NOT living with a parent or legal guardian at this time and do not rent or own my own home (UY)

2. Where do you currently live?

- In an emergency or transitional shelter (A)
- Temporarily with a family member or friend (doubled-up) due to loss of housing, financial hardship, or similar reason (B)
- In a vehicle, trailer park or campground, abandoned building, or other substandard housing (D)
- In a hotel or motel due to loss of housing, financial hardship, or similar reason (E)

3. What caused your temporary residence?

- Other:** Eviction; Domestic Violence; Unemployment; Medical/Mental; Long-term Poverty; Lack of Affordable Housing (O)
- Mortgage Foreclosure (M) Hurricane (H) Earthquake (E) Flood (F) Man-made Disaster (D)
- Tropical Storm (S) Tornado (T) Wildfire or house fire (W)

***Complete the requested information below for all household school-aged children that are registered or expected to be enrolled in a Public or Charter School in Broward County, FL. Complete multiple SHQ's if needed.**

Student's Full Name (First and Last)	Student ID #	M/F	Date of Birth (mm/dd/yy)	Grade	School Currently Enrolled

(If you have children at multiple schools, please return 1 questionnaire to each school)

IF YOU ARE COMPLETING AN ELECTRONIC FORM: Submit electronically after completing
IF YOU ARE COMPLETING A PAPER FORM: Return your completed questionnaire to your child's school

4. By signing below, I am attesting that the information provided is accurate:

PRINT FULL NAME (Person completing this form)

SIGNATURE

DATE

MAILING ADDRESS

CITY

STATE

ZIP CODE

Telephone #: _____

E-mail: _____

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