



Miami-Dade County Public Schools (M-DCPS)
Division of Student and Family Support Programs
Project UP-START

2025-2026 Project UP-START Student Eligibility Questionnaire

The purpose of this questionnaire is to help identify school-aged children and youth who are experiencing housing instability. This includes students living in a shelter facility, sharing home of a family member or friend, living in a car, park, a hotel/motel/Airbnb. M-DCPS implements the provisions of the McKinney-Vento Homeless Assistance Act by ensuring the school stability of eligible students and providing services and resources through the Project UP-START Program. 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) ☐ Car/Park/Trailer/Substandard Housing (e.g., no water, no electricity, mold infestation) [D] ☐ Rent home*
☐ Sharing the home of others/ Doubled-up (B) ☐ Hotel/Motel/Airbnb (E) ☐ Own home*

*If you select "Rent Home" or "Own Home," please skip directly 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: WHAT ARE THE NAMES, BIRTHDATES, SCHOOLS, AND GRADES OF EACH CHILD OR YOUTH IN THE HOUSEHOLD?

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 Name: Parent/Guardian Signature: Date:

FOR SCHOOL/AGENCY USE ONLY

Please email the eligible forms to projectupstart@dadeschools.net and send the ineligible forms via School Mail to the respective location site, to the attention of Project UP-START: South - Loc #7021; Central - Loc #8005, & North - Loc #9571.

School/Agency Name: Location #:

School Contact Name: Position:

Contact Number/Ext: Email Address: