

## FLORIDA STUDENT HOMELESSNESS VERIFICATION FOR TUITION AND FEE EXEMPTION PURPOSES

*Applicable for use at School District Career Centers, Charter Career Centers, and Florida College System Institutions*

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Pursuant to section 1009.25, Florida Statutes (F.S.), and Rule 6A-10.087, Florida Administrative Code (F.A.C.), each Florida College System institution's board of trustees, each district school board with a career center, and each board of directors for a charter technical career center (hereafter referred to as "institution"), must exempt students experiencing homelessness from the payment of tuition and fees, including lab fees. This form must be completed for each student exempted from the payment of tuition and fees based on their status as a student experiencing homelessness.

**Who is a "student experiencing homelessness" for the purpose of the tuition and fee exemption?** An individual who lacks a fixed, regular, and adequate nighttime residence, including an individual who would meet this definition but for their residence in college dormitory housing. Examples include:

- An individual who is sharing the housing of other persons due to loss of housing, economic hardship, or a similar reason (doubled-up).
- An individual who is living in motels, hotels, trailer parks, or camping grounds due to the lack of alternative adequate accommodations.
- An individual who is living in emergency or transitional shelters.
- An individual whose primary nighttime residence is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings.
- An individual who is living in cars, parks, public spaces, abandoned buildings, substandard housing, bus or train stations, or similar settings.

This tuition and fee exemption applies to students who have been identified as a "homeless child or youth" under the McKinney-Vento Homeless Assistance Act while in grades K through 12 and who continue to experience homelessness; it also includes students who were not previously identified as a "homeless child or youth" while in grades K through 12, but who are now experiencing homelessness defined in section 725 of the McKinney-Vento Homeless Assistance Act, Section 1009.25, F.S., or Rule 6A-10.087, F.A.C.

Students who were determined to be experiencing homelessness in the prior school year are presumed to maintain the same status for each subsequent year at the same institution, unless the student informs the institution that circumstances have changed, or the institution has specific conflicting information about the student's circumstances and has informed the student of this information.

**Do both parts of this form need to be completed?** No. Only one part is required to be filled out for each student seeking a tuition and fee exemption under section 1009.25(1)(e), F.S., depending upon the information available for the student:

- **Part 1:** Certain individuals are authorized to confirm that a student is experiencing homelessness for the purposes of the tuition and fee exemption. If a determination that the student is experiencing homelessness can be or has been made by any of the parties listed in Part 1, no further action is needed once Part 1 is completed and acknowledged by the institution. This form shall be considered as sufficient documentation and adequate for the same or subsequent year in the absence of documented conflicting information. If a determination by the listed individuals is **not** available for the student, the institution is not required to have Part 1 completed and may skip to **Part 2**.
- **Part 2:** Part 2 is required to be completed only when the confirmation required in Part 1 is not available. Institutions must make a case-by-case determination of the student's circumstances and document the information in Part 2.

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Name of Student: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
*First Name, Middle Name, Last Name, Suffix (if applicable) MM/DD/YYYY*

Current Phone Number of Student: Cell phone: ( ) \_\_\_\_\_ Other: ( ) \_\_\_\_\_

Current Mailing Address of Student: *(if none, please list name, phone number, and mailing address of current contact, general delivery and zip code, or school address)*

Street Address or Post Office Box \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**PART 1: DETERMINATION BY SPECIFIED PARTIES**

Not applicable. Skip to **Part 2.**

This form confirms my determination that as of \_\_\_\_/\_\_\_\_/\_\_\_\_, the student named above is “an individual who lacks a fixed, regular, and adequate nighttime residence” as defined in section 725 of the McKinney-Vento Homeless Assistance Act, Section 1009.25, F.S., or Rule 6A-10.087, F.A.C.

<b>Signature:</b>	<b>Date:</b>
<b>Printed Name:</b>	<b>Phone:</b>
<b>Email:</b>	
<b>Title:</b>	
<b>Agency/Organization Name:</b>	
<b>Role (check one):</b> <input type="checkbox"/> School district homeless liaison <input type="checkbox"/> A director of an emergency shelter program funded by the United States Department of Housing and Urban Development, or the director’s designee <input type="checkbox"/> A director of a runaway or homeless youth basic center or transitional living program funded by the United States Department of Health and Human Services, or the director’s designee <input type="checkbox"/> A continuum of care lead agency, or its designee <input type="checkbox"/> Director or a designee of a director of an emergency or transitional shelter, street outreach program, homeless youth drop-in center, or other program serving individuals who are experiencing homelessness <input type="checkbox"/> Director or a designee of a director of a program funded under TRIO or GEAR UP <input type="checkbox"/> A financial aid administrator at the same or another institution who previously made a determination	

By signature below, the named institution acknowledges receipt of the confirmation contained in Part 1:

<b>Signature:</b>	<b>Title:</b>
<b>Institution Name:</b>	<b>Date:</b>

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Name of Student: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
*First Name, Middle Name, Last Name, Suffix (if applicable) MM/DD/YYYY*

Current Phone Number of Student: Cell phone: ( ) \_\_\_\_\_ Other: ( ) \_\_\_\_\_

Current Mailing Address of Student: *(if none, please list name, phone number, and mailing address of current contact, general delivery and zip code, or school address)*

Street Address or Post Office Box \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**PART 2: CASE-BY-CASE DETERMINATION BY INSTITUTION**

If a determination by the individuals listed in Part 1 is **not** available for the student, then the institution must complete **Part 2**. Absent the information in Part 1, an institution must make a case-by-base determination of the student's homeless status, which must be based on a written statement from, or a documented interview (whether via in person, telephone, or other electronic means) with, the student. During this case-by-case determination, institutions may also consider documents otherwise provided by the student that assist in evaluating the student's eligibility.

The following determination is made as to the above-named student:

- Student's status as a student experiencing homelessness **confirmed**.
- Student's status as a student experiencing homelessness **not confirmed**. Provide explanation:

Signature:	Title:
Institution Name:	Date: