

Interview Response Sheet- (To be completed by school staff in conversation with parent/caregiver/host/unaccompanied youth who has marked "yes" on any one of the Title IX lines 1-4 on the Student Residency Information form. Please complete entire form unless parent/caregiver/unaccompanied youth is not interested. In that case, skip to the "declining" statement below and have them initial and sign.)

1. Write last name(s) of student(s) from Student Residency form: _____
___ Go back to Student Residency form. Host family student(s) listed? If so, write in left margin beside each child's name: 'host' or 'FIT'.
2. Student(s) new to Nassau Co. or current? Circle one: **New or Current**
3. In some cases, **transportation to the School of Origin** (the school attended when housing disruption occurred) can be arranged. Is transportation to the School of Origin being requested? Yes ___ No ___ If 'yes', complete **Transportation Request form** and immediately fax it, along with the Student Housing, Interview, and Dispute Resolution forms to Angie McClellan at (904)548-0439. Also, because immediate attention is needed, call her at (904) 277-9021 or on her cell phone. **(Remainder of school enrollment process may not be necessary if School of Origin transportation is likely.)**
4. Family has turned in: Shot records? Yes ___ No ___ Proof of Physical? Yes ___ No ___ Birth Certificates? Yes ___ No ___
If "No", ask: Would you like help getting these items? Yes ___ No ___ ** If required forms do not arrive with school records, be sure to inform the parent and the liaison.
5. **Note: Affidavit of Residency- mark "homeless" in bottom right corner. Residency proof cannot be required for enrollment.**
6. Ask: Would you like information about: *FL Kidcare, Medicaid, or other health ins.- Yes ___ No ___ *Teen Parent program- Yes ___ No ___
*CARRT (Child Advocate Rapid Response Team supportive counselors)- Yes ___ No ___ *Clothes Closet- Yes ___ No ___
***Give FIT program "Hot Topics" sheet and the Food Support and Housing Lists to families requesting food bank, housing, and Clothes Closet information.**
7. Read the following statements to the adult/unacc. youth and place a check by each to indicate that it was read:
___ Completion of these forms does not indicate enrollment in the FIT program. Final determination will be made by Angie McClellan, FIT Program Coordinator and parent contact may be required. Please make sure phone numbers are correct and legible.
___ Students who are enrolled in the McKinney-Vento/F.I.T. (Families in Transition) program qualify for the district's Free Breakfast/Lunch Program, but this process may take several days. During that time, please make provision for your child's meals.
___ A FIT program information packet will be mailed to you at the address given on the Student Housing form. Additional newsletters, supplies, meal/snack packs (when available), etc. are delivered through the Front Office and/or classroom teacher in as confidential a manner as possible. Any of these items may be discontinued upon request. **Prefer emailed communication? Yes ___ No ___**
Email Address: _____
___ FIT program enrollment is for one school year. Re-enrollment the following year is based on continued eligibility. Contact your child's school or the liaison for re-enrollment after July 1st.
8. Are any **school supplies** needed by FIT students? Yes ___ No ___ *School supplies given by this school: Backpack ___ Writing utensils ___ Paper ___ Folder/notebook ___ Other: _____* **Supplies needed from FIT program? Please make list of student names and needed items on a separate sheet.** Available supplies will be sent to school/teacher. Teachers will be asked as well.
9. ___ Direct adult to **Dispute Resolution Process form**. Read: "As long as your child is in the FIT program, if there is ever a disagreement between you and the school system about where your child is enrolled in school, you may request a form to complete and send it to the state for final decision regarding enrollment of your child. Feel free to read the paragraphs and initial at the bottom of the page." (Wait to verify that parent/caregiver/unaccompanied youth initials the page.)
10. ___ Make **copies of all completed forms** and give them to the parent/guardian/caregiver/Unaccompanied Youth before they leave, if desired. Copies are not needed for FIT. If unable to provide requested copies, indicate here that copies are needed from the liaison: ___

___ **I am declining McKinney-Vento services at this time. (Parent initials required.)**

___ **If declining, all enrollment documents required by non-FIT program students are needed for enrollment.**

___ **The FIT Program Liaison has permission to give my contact information to agencies/groups she believes may be of help.**

Date _____

(Signature of Parent/Guardian/Majority Student/Unaccompanied Youth/Caregiver acknowledges completed interview or decline.)

Printed name of NCSB Employee completing interview: _____ Date _____

See bottom of Student Residency Information form for directions.

Updated: May 2019