



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



CAREGIVER AUTHORIZATION FORM*

This form is to be completed by the caregiver of a child or youth who is "homeless" and does not reside with his/her parent or guardian, to authorize enrollment and school-related needs for the Unaccompanied Homeless Youth.

***Prior to completing this form, the Project UP-START Student Eligibility Questionnaire (FM-7378) must be completed to determine if the student qualifies for Project UP-START.**

Please fax the completed form to Project UP-START at 305 579-0370 or email to projectupstart@dadeschools.net.

Per the McKinney-Vento Act and School Board Policy 5111.01, this form is intended to ensure that "homeless" children have access to public education and to eliminate barriers for school enrollment and for the overall education of Unaccompanied Homeless Youth.

Instructions: Please answer the questions below, complete all fields, sign, date and submit the completed form to the child/youth's school:

1- Does the student below live in your home? Yes No

2- Are you 18 years of age or older? Yes No

Student's Name: _____ **Student's ID #:** _____

Student's Date of Birth: _____

Caregiver's Name (adult giving authorization): _____ **Date of Birth:** _____

Home Address Where the Student is Currently Residing: _____

Caregiver's State Driver's License or Identification Card Number: _____

Caregiver's Telephone Number: _____ **Caregiver's Email Address:** _____

Please check one of the boxes below:

_____ I have advised the parent(s) or other person(s) having legal custody of the student of my intent to assist the student with school needs and have received no objection.

_____ I am unable to contact the parent(s) or legal guardian(s) at this time to notify that individual of my intent to assist the student with school needs.

By signing below, I confirm and certify that the information provided on this form is current and accurate.

Signature: _____ **Date:** _____

FOR PROJECT UP-START OR SCHOOL STAFF USE ONLY:

School Name: _____ **Location #:** _____

School Contact's Name: _____ **Position:** _____

Contact Number: _____ **Extension:** _____

Is the student a minor under the age of 18 years old? Yes No

Has a contact by school staff been made with the parent/guardian? Yes No

Have you documented attempts to contact the parent/guardian? Yes No

Has the Department of Children and Families been contacted for services? Yes No

If yes, please indicate the date, time, and confirmation number given by the Hotline:

Date: _____ **Time:** _____ **Confirmation #:** _____

Is there already an open DCF case for this student? Yes No

Was the caregiver provided with information on how to begin the guardianship process. Yes No



**Escuelas Públicas del Condado Miami-Dade
Departamento de la Administración de Título I
Proyecto UP-START**



FORMULARIO DE AUTORIZACIÓN PARA CUIDADORES*

Este formulario debe ser completado por el cuidador de un niño o joven "sin hogar" y que no reside con ninguno de sus padres de familia o tutores, a fin de autorizar la matrícula y las necesidades relacionadas con la escuela para la Juventud Sin Hogar No Acompañada.

***Antes de completar este formulario, se debe completar la Encuesta de Elegibilidad Estudiantil del Proyecto UP-START (Project UP-START Student Eligibility Questionnaire) (FM-7378) a fin de determinar si el estudiante califica para recibir ayuda del Proyecto UP-START.**

Por favor, envíe por *fax* el formulario completado al Proyecto UP-START al 305 579-0370 o por *correo electrónico* a: projectupstart@dadeschools.net

De acuerdo con la Ley McKinney-Vento Act y la Política Escolar 5111.01, este formulario es para asegurar que los niños "sin hogar" tengan acceso a la educación pública y eliminar las barreras de matrícula escolar y para la educación general de los jóvenes sin hogar no acompañados.

Instrucciones: Por favor, conteste las preguntas a continuación, complete todos los espacios, firme, ponga la fecha y envíe el formulario completado a la escuela del niño/joven:

- 1- ¿Vive el niño en su hogar? Sí No
- 2- ¿Tiene usted 18 años de edad o más? Sí No

Nombre del estudiante: _____ **# ID del estudiante:** _____

Fecha de nacimiento del estudiante: _____

Nombre del cuidador (adulto que autoriza): _____ **Fecha de nacimiento:** _____

Dirección del hogar donde el estudiante vive actualmente: _____

Licencia de conducir del cuidador o tarjeta de identificación: _____

Número de teléfono del cuidador: _____ **Correo electrónico del cuidador:** _____

Por favor, marque uno de los espacios a continuación:

_____ He informado al/ a los padre(s) u otra(s) persona(s) que tiene(n) custodia legal del estudiante de mi intención de ayudar al mismo con sus necesidades escolares y no he recibido objeción alguna.

_____ No he podido contactar al/ a los padre(s) o tutor(es) legal(es) en este momento para informarles de mi intención de ayudar al estudiante con su necesidades escolares.

Con mi firma, confirmo y certifico que la información proporcionada en este formulario es actualizada y precisa.

Firma: _____ **Fecha:** _____

FOR PROJECT UP-START OR SCHOOL STAFF USE ONLY:

School Name: _____ **Location #:** _____

School Contact's Name: _____ **Position:** _____

Contact Number: _____ **Extension:** _____

Is the student a minor under the age of 18 years old? Yes No

Has a contact by school staff been made with the parent/guardian? Yes No

Have you documented attempts to contact the parent/guardian? Yes No

Has the Department of Children and Families been contacted for services? Yes No

If yes, please indicate the date, time, and confirmation number given by the Hotline:

Date: _____ **Time:** _____ **Confirmation #:** _____

Is there already an open DCF case for this student? Yes No

Was the caregiver provided with information on how to begin the guardianship process. Yes No



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



FÒM OTORIZASYON POU MOUN KI AP BAY SWEN*

Se yon moun ki ap ofri swen pou timoun oubyen jèn ki "sanzabri" e ki pap viv avèk paran oubyen gadyen li ki dwe ranpli fòm sa a, pou otorize enskripsyon ak bezwen ki gen rapò ak lekòl pou Jèn Sanzabri ki Pa Akonpaye.

***Avan fòm sa a ranpli, nou dwe ranpli Kesyonè sou Eljibilite Elèv ki nan 'Project UP-START' (FM-7378) pou detèmine si elèv la kalifye pou Project UP-START.**

Silvoulè *fakse* fòm ranpli a bay Project UP-START nan 305 579-0370 oubyen voye l nan projectupstart@dadeschools.net.

Kesyonè sa a fèt anba Akò McKinney-Vento ak Règ Komisyon Konsèy Lekòl 5111.01, e yo fè li pou asire timoun ki "sanzabri" yo gen aksè ak edikasyon piblik e pou elimine baryè pou enskripsyon nan lekòl e jeneralman pou edikasyon Jèn Sanzabri ki Pa Akonpaye yo.

Enstriksyon: Silvoulè reponn kesyon ki anba yo, ranpli tout seksyon yo, siyen, mete dat e remèt fòm nan tou ranpli nan lekòl timoun/jèn nan:

1- Èske elèv ki anba a ap viv lakay ou? Wi Non

2- Èske ou gen 18 ane oubyen plis? Wi Non

Non Elèv la: _____ **# Identifikasyon Elèv la:** _____

Dat Nesans Elèv la: _____

Non Moun ki ap Bay Swen an (adilt ki bay otorizasyon an): _____ **Dat Nesans:** _____

Adrès Kay kote Elèv la Ap Viv Kounye a: _____

Nimewo Lisans oubyen Kat Identifikasyon Moun ki ap Bay Swen an: _____

Nimewo Telefòn Moun ki ap Bay Swen an: _____ **Adrès Elektwonik Moun ki ap Bay Swen an:** _____

Silvoulè tcheke youn nan bwat ki anba yo:

_____ Mwen enfòmè paran oubyen lòt moun ki gen responsablite legal elèv la sou entansyon mwen pou m asiste elèv la avèk bezwen lekòl li e mwen pa resevwa okenn objeksyon.

_____ Mwen pa kapab kontakte paran oubyen gadyen legal elèv la nan moman sa a pou m enfòmè li sou entansyon mwen pou m asiste elèv la avèk bezwen lekòl li.

Lè mwen siyen anba a, mwen konfime e mwen sètifye enfòmasyon ki sou fòm sa a ajou e yo egzat .

Siyati: _____

Dat: _____

FOR PROJECT UP-START OR SCHOOL STAFF USE ONLY:

School Name: _____ **Location #:** _____

School Contact's Name: _____ **Position:** _____

Contact Number: _____ **Extension:** _____

Is the student a minor under the age of 18 years old? Yes No

Has a contact by school staff been made with the parent/guardian? Yes No

Have you documented attempts to contact the parent/guardian? Yes No

Has the Department of Children and Families been contacted for services? Yes No

If yes, please indicate the date, time, and confirmation number given by the Hotline:

Date: _____ **Time:** _____ **Confirmation #:** _____

Is there already an open DCF case for this student? Yes No

Was the caregiver provided with information on how to begin the guardianship process. Yes No