

Office of Enrollment Management, Admissions

The College of the Florida Keys

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### Florida Student Homelessness Student Tuition and Fees Exemption Request

FS 1009.25(1)(e), Section 725 McKinney-Vento Homeless Assistance Act

According to Florida law, a student who is homeless may be exempted from paying tuition and fees at a Florida College System institution. For the purpose of the fee exemption, Florida law defines homelessness as, "A student who lacks a fixed, regular, and adequate nighttime residence or whose primary nighttime residence is a public or private shelter designed to provide temporary residence for individuals intended to be institutionalized, or a public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings."

Fees Waived: Tuition, registration fees, and laboratory fees.

### **Eligibility Terms:**

 Students are required to submit the "Florida Student Homelessness Verification for Tuition and Fee Exemption Purposes" application and be approved. Eligibility depends on which part the student has chosen that best fits their situation.

#### **Conditions:**

- The exemption is for college credit courses including post-secondary adult vocational courses (vocational credit); it does not apply to non-credit (continuing education) courses or adult education courses.
- Receiving this exemption does not constitute classification as a Florida resident for tuition purposes and does not necessarily qualify you for such classification in the future.
- You must apply for this exemption by the posted residency documentation deadline with the Office of Enrollment Management, Admissions. Failure to do so will result in fees being assessed. This exemption cannot be retroactively applied.

By signing this form, I understand and agree to the eligibility terms and conditions.

Student's Legal Name

Student ID #

Initiation Term

Student's Signature

Date Signed

For CFK Staff Only:

Meets eligibility terms and collected all of the documentation.

Submit a copy of the exemption to the Business Office.

SOAHOLD: Create the appropriate "AD" holds. Registration code "HF".

Student sent introduction email regarding CFK's liaison and copy placed in student's file.

Effective Term:

Date Completed:

Staff Initials:



## 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

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 documentatation 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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		Date of Birt	
	First Name, Middle Name, Last Name, Suffi	x (if applicable)	MM/DD/YYYY
Current Phone Numb	per of Student: Cell phone: ( )	Other: <u>(</u> )	
Current Mailing Addr delivery and zip code,	ress of Student: (if none, please list name, phone nor school address)	number, and mailing address of current	contact, general
Street Address or Posi	t Office Box	State	Zip Cod
	PART 1: DETERMINATION B	Y SPECIFIED PARTIES	
□ Not applicable. SI	kip to <u><b>Part 2.</b></u>		
This form confirms m regular, and adequate 1009.25, F.S., or Rule	y determination that as of/, the st e nighttime residence" as defined in section 725 o 6A-10.087, F.A.C.	udent named above is "an individual wif the McKinney-Vento Homeless Assista	ho lacks a fixed, ance Act, Section
Signature:		Date:	
Printed Name:		Phone:	
Email:		L	
Title:			
	zation Name:		
Agency/Organiz			
Agency/Organia			
Role (check one	e): rict homeless liaison		
Role (check one  School distr	e):	nited States Department of Housing and	d Urban
Role (check one  School distr  A director of Development  A director of	e): rict homeless liaison of an emergency shelter program funded by the U	ansitional living program funded by the	
Role (check one  School distr  A director of Development  A director of Department	e):  rict homeless liaison  of an emergency shelter program funded by the Ui  nt, or the director's designee  of a runaway or homeless youth basic center or tra	ansitional living program funded by the	
Role (check one    School distr   A director of   Development   A director of   Department   A continuur   Director or	e):  rict homeless liaison  of an emergency shelter program funded by the Un  nt, or the director's designee  of a runaway or homeless youth basic center or tra  t of Health and Human Services, or the director's o	ansitional living program funded by the designee	United States
Role (check one    School distr   A director of Development   A director of Department   A continuur   Director or youth drop-	e): rict homeless liaison of an emergency shelter program funded by the Unit, or the director's designee of a runaway or homeless youth basic center or trait of Health and Human Services, or the director's of most care lead agency, or its designee a designee of a director of an emergency or trans	ansitional living program funded by the designee sitional shelter, street outreach program ho are experiencing homelessness	United States
Role (check one    School distr   A director of   Development   A director of   Department   A continuur   Director or   youth drop-	rict homeless liaison of an emergency shelter program funded by the Unit, or the director's designee of a runaway or homeless youth basic center or trait of Health and Human Services, or the director's of most care lead agency, or its designee a designee of a director of an emergency or transition center, or other program serving individuals where	ansitional living program funded by the designee sitional shelter, street outreach program ho are experiencing homelessness ler TRIO or GEAR UP	United States
Role (check one    School distr   A director of Development   A director of Department   A continuur   Director or youth drop-   Director or A financial a	e): rict homeless liaison of an emergency shelter program funded by the Unit, or the director's designee of a runaway or homeless youth basic center or trait of Health and Human Services, or the director's of mof care lead agency, or its designee a designee of a director of an emergency or transi-in center, or other program serving individuals what designee of a director of a program funded under	ansitional living program funded by the designee sitional shelter, street outreach program ho are experiencing homelessness ler TRIO or GEAR UP on who previously made a determination	United States
Role (check one    School distr   A director of Development   A director of Department   A continuur   Director or youth drop-   Director or A financial a	rict homeless liaison of an emergency shelter program funded by the Unit, or the director's designee of a runaway or homeless youth basic center or trait of Health and Human Services, or the director's of mof care lead agency, or its designee a designee of a director of an emergency or transition center, or other program serving individuals what designee of a director of a program funded undeald administrator at the same or another institution	ansitional living program funded by the designee sitional shelter, street outreach program ho are experiencing homelessness ler TRIO or GEAR UP on who previously made a determination	United States



# FLORIDA STUDENT HOMELESSNESS VERIFICATION FOR TUITION AND FEE EXEMPTION PURPOSES

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Name of Student:  First Name, Middle Name, Last Name, Suffix (if app	Date of Bi plicable)	te of Birth: MM/DD/YYYY	
Current Phone Number of Student: Cell phone: ( )	Other: <u>(</u> )		
<b>Current Mailing Address of Student:</b> (if none, please list name, phone number, delivery and zip code, or school address)	, and mailing address of curren	nt contact, general	
Street Address or Post Office Box	State	Zip Code	
PART 2: CASE-BY-CASE DETERMINATION  If a determination by the individuals listed in Part 1 is not available for the study.		complete <b>Part 2.</b>	
Absent the information in Part 1, an institution must make a case-by-base determust be based on a written statement from, or a documented interview (whet means) with, the student. During this case-by-case determination, institutions the student that assist in evaluating the student's eligibility.	ermination of the student's ho ther via in person, telephone, o	meless status, which or other electronic	
The following determination is made as to the above-named student:  ☐ Student's status as a student experiencing homelessness <b>confirmed</b> .  ☐ Student's status as a student experiencing homelessness <b>not confirmed</b> . Pro	ovide explanation:		
Signature:	Title:		
Institution Name:	Date:		