Head Start Child/Family Housing Questionnaire

1. Where are you and your family currently staying? Check one box

☐ Sharing the housing of another family (i.e., doubling-up) due to loss of housing, economic hardship or similar reason.
☐ Living in a motel, hotel, trailer park, or campground because we cannot afford or find affordable housing.
☐ Staying in an emergency or transitional shelter.
☐ Living in a vehicle of any kind; in an abandoned building or substandard housing without running water/electricity.
☐ None of the above. Living in my own apartment/home that I rent or own.

1. Please check all that apply.

☐ Child is living with an adult that is not a parent or legal guardian
☐ Child is awaiting foster care placement.
☐ None of the above. Child is my own child.

2. Please describe the child who “lacks a fixed, regular, and adequate nighttime residence.”

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<tr>
<th>Name of Child(ren)</th>
<th>First</th>
<th>Middle</th>
<th>Last</th>
<th>Male/Female</th>
<th>Date of Birth</th>
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The undersigned certifies that the information provided above is accurate.

_________________________  ____________  
Print-Name of Parent/Guardian or Name Adult Care for Child  Date

_________________________  ____________  
Signature of Parent/Guardian or Name Adult Care for Child  Date

Phone Number  Address  City  State  Zip

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Head Start Use Only

Head Start Director or FCP Manager: Based on the above information (where one or less of the “None of the above” boxes are checked) and a brief interview with the family, I attest that to the best of my knowledge the child is eligible under the McKinney-Vento Act.

_________________________  ____________  
Printed Name  Signature  Title  Date