



Head Start Child/Family Housing Questionnaire

Your child may be eligible for additional services through the federal McKinney-Vento Assistance Act. Eligibility can be determined by completing this 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.”

Name of Child(ren)			Male/Female	Date of Birth
First	Middle	Last		

The undersigned certifies that the information provided above is accurate.

_____ Date

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

_____ Date

Signature of Parent/Guardian or Name Adult Care for Child

Phone Number Address City State Zip



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