

**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; or in a park, bus or train station.
- None of the above. Living in my own apartment/home that I rent or own.

2. 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.

3. Please list your child(ren).

<i>Name of child(ren)</i>			<b>Male/ Female</b>	<b>Date of Birth</b>
<b>First</b>	<b>Middle</b>	<b>Last</b>		

The undersigned certifies that the information provided above is accurate.

\_\_\_\_\_

**Print Parent/Guardian Name/Adult Caring for Child**      **Signature**      **Date**

\_\_\_\_\_

**(Area Code) Phone Number**      **Street or POB Address**      **City**      **State**      **Zip**

*[Family voluntarily sharing information is a determination of "homelessness" and/or to aid families with support services. Staff will build a family partnership to assist the family in securing resources to establish housing.]*

\_\_\_\_\_

**Staff Signature**      **Date**