

Residency Form

According to the McKinney-Vento Homeless Assistance Act, the term “homeless children and youth” means individuals who lack a fixed, regular, and adequate nighttime residence and includes children and youth who are sharing the housing of other persons due to loss of housing, economic hardship, or a similar reason; are living in motels, hotels, (substandard) trailer parks, or camping grounds due to lack of alternative accommodations; are living in emergency or transitional shelters; are abandoned in hospitals; or are awaiting foster care placement; children and youths who have a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings, children and youths who are living in cars, parks, public spaces, abandoned buildings, substandard housing, bus or train stations, or similar settings; and migratory children.

Your child may be eligible for Head Start through the McKinney-Vento Assistance Act.

Eligibility can be determined by completing this questionnaire.

Child Name: _____ Birth date: _____

Parent(s) name: _____

Where are you and your family currently staying:

Sharing the housing of other persons due to loss of housing or economic hardship.

Living in a motel, hotel, trailer park or campground because we cannot 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.

(This Section for Office Use Only)

According to the above McKinney-Vento definition of homeless, do you determine that at this time, this child is considered homeless? Yes No

If the answer is no, do not continue completing this form, if yes, please proceed:

Does this child have all the required documentation needed to enroll? Yes No

If no, please describe what documentation is missing and the steps taken to assist the family.

Missing documentation	Steps taken to assist Family	Date complete

Referrals made to the following agencies: _____

Staff signature: _____ Date: _____