

RurAL CAP
Head Start/Early Head Start
Family Residency Questionnaire

Child Name: _____ DOB: _____

Dear Parent/Guardian:

On your child's enrollment application, you marked that, "You live in a shelter, motel, vehicle or move frequently between homes of relatives or friends", and/or that you are not the biological parent.

Please read the definitions below and select the appropriate box(es):

Public Assistance

- I receive Temporary Assistance for Needy Families (TANF) or Supplemental Security Income (SSI)
- My child receives "child-only" TANF

Foster/Kinship Care

- My child has been placed in a setting away from parents or guardians by the child welfare system and the state agency has placement and care responsibility (45 CFR §1305.2)
- My child welfare agency has placed the child away from parents or guardians and in the care of relatives

Housing Situation

- My child is sharing housing due to economic hardship or loss/lack of housing;
- My child is living in "motels, hotels, trailer parks, or campgrounds due to lack of alternative accommodations"
- My child is living in "emergency or transitional shelters"
- My child's primary nighttime residence is not ordinarily used as regular sleeping accommodation (e.g., park benches, etc.)
- My child living in "cars, parks, public spaces, abandoned buildings, substandard housing, bus or train station

Head Start follows the definition of homeless child in the McKinney-Vento Homeless Assistance Act (42 U.S.C. 11434a(2)). For more information about McKinney-Vento as it relates to Child Care Development Fund (CCDF) or Head Start, visit <https://eclkc.ohs.acf.hhs.gov/>

Parent / Guardian Printed Name: _____

Parent / Guardian Signature: _____ Date: _____

SITE STAFF MEMBER ONLY

Description of housing situation:

Which agency/ liaison was contacted for verification? *Fill out a Release of Information to make contact with agency.*

- Local Shelter/Tribal Liaison
- Homeless/School District Liaison
- Other authority:

Explanation of not being able to complete verification: if needed

- Any staff member who intentionally attempts to provide false information regarding a family's eligibility for Early Head Start/ Head Start will face consequences in accordance with RurAL CAP's Employee Infraction and Workplace Violation policy.
- I have reviewed the definition with the Parent/Guardian and verified their status.

Staff Member Signature: _____ Date: _____