

# Self-Identification Form for Housing

RurAL CAP Head Start / Early Head Start

**Does your family lack stable, permanent, and adequate housing?  Yes  No**

*If yes, please answer the questions below that best describe your living situation. The purpose of this information is to ensure the rights of your child(ren) under the McKinney-Vento Act.*

**Do you or your family live in any of these situations? (Check all that apply.)**

- Sharing housing with friends or relatives due to loss/lack of housing or economic hardship
- In a shelter (emergency, transitional, family shelter, domestic violence, or temporary)
- In a motel, hotel, or weekly rate housing
- In an abandoned building, car, public spaces, campgrounds, parks, bus, or train station
- Moving frequently from place to place
- Substandard housing (check all applicable criteria below)
  - Lacks water, electricity, or heat
  - Infested with vermin or mold
  - Lacks a functional part such as a working kitchen or toilet
  - May present unreasonable danger to adults, children, or person with disabilities

Yes, I/we are currently living in one of these situations. The child(ren) named below should be given the rights listed below.

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Child Name	Date of Birth
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Child Name	Date of Birth
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**Your children have the right to:**

- Enroll in Head Start / Early Head Start without giving a permanent address and attend classes while the program arranges for immunization records or other documents required for enrollment
- Receive the same special programs and services, if needed, as provided to all other children served in these programs

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Parent/Guardian Printed Name	Signature	Date
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Staff Member Printed Name	Signature	Date
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