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| F:\SHARE\Forms Transfers\Forms-latest PDFs and logos\CCS logos\CCS logo 300.png | | | | Spokane Head Start/ECEAP/EHS  ERSEA/ERPEA Family Housing Survey | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | |
| *The answers to these questions will help determine your family and child’s eligibility for services. (McKinney-Vento Act 42 USC 11435)* | | | | | | | | | | | | | | | | | | | | | | |
| **Name of Parent/Guardian** | | | | |  | | | | | | | | | | | | | | | | | |
| **Name of Child:** | |  | | | |  | | | |  | | | | Birth Date: | |  | | | | Age: | |  |
|  | | Last | | | | First | | | | Middle | | | |  | |  | | | |  | |  |
| Current Address | | |  | | | |  | | | | |  | | | | | |  | | | | |
|  | | | Street Address | | | | City | | | | State | | | | | | Zip | | | | | |
| Phone |  | | | | | | | Emergency Contact/Phone | | | | |  | | | | | | | |  | |
| Name/Birthdate of other children in household | | | | | | | | | | | | | | | | | | | | | | |
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| **1. Where are you and your family currently staying?** *Check one box.* | | | | | | | | | | | | | | | | | | | | | | |
| **Section A**  Rent/own my own home or apartment  Current address is a temporary living arrangement (If you checked this box, please answer the following questions.) | | | | | | | | | | | | | | | | | | | | | | |
| **Section B**  Sharing housing with others because we cannot afford or find affordable housing  In a shelter  In a hotel/motel  In an emergency/transitional shelter  In a place not designed for ordinary sleeping accommodations such as a car, park, or campsite  Other | | | | | | | | | | | | | | | | | | | | | | |
| **2. Is this a temporary living arrangement due to loss of housing or economic hardship?  Yes  No** | | | | | | | | | | | | | | | | | | | | | | |
| **3. How long will you be at your current location?** | | | | | | | | |  | | | | | | | | | | | | | |
| **4. In order to better serve your family and coordinate services, may we share this information with the Spokane Public Schools?  Yes  No** | | | | | | | | | | | | | | | | | | | | | | |
| *I certify that the information I have given is correct to the best of my knowledge. I understand that if the program determines that my child does not automatically qualify for Head Start services under the McKinney-Vento Act, acceptance into the program will be decided based on the program’s current child eligibility criteria.* | | | | | | | | | | | | | | | | | | | | | | |
| Parent/Guardian Signature | | | | |  | | | | | | | | | | Date | | | |  | | | |