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| F:\SHARE\Forms Transfers\Forms-latest PDFs and logos\CCS logos\CCS logo 300.png | Spokane Head Start/ECEAP/EHSERSEA/ERPEA Family Housing Survey |
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| *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 |       |