

## Self-Identification of Current Residency Form

### McKinney Vento Assistance Act (42 U.S.C. 11434a(2)sect.725(2))

### CF/R-20

Please answer the questions below that best describes your living situation. The purpose of this information is to ensure the rights of your children under the McKinney Vento law and income eligibility under Head Start regulations.

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

- ☐ In a shelter (family shelter, domestic violence, youth, or temporary housing)
- ☐ In a motel, hotel, campground, or weekly rate housing
- ☐ In substandard housing (for example without running water/electricity); abandoned building, trailer, or in a car
- ☐ On the street
- ☐ In temporary foster care
- ☐ Sharing housing with friends or relatives because you cannot find or afford housing

Please explain your family's current living situation: \_\_\_\_\_  
\_\_\_\_\_

Our family has not had a permanent residence since the following date: \_\_\_\_\_

I declare under penalty and perjury that the above information is true and correct to the best of my knowledge.

\_\_\_\_\_  
Print Parent/Guardian Name (above)

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

<u>Applying Child's Name</u>	<u>Date of Birth</u>	<u>Applying Child's Name</u>	<u>Date of Birth</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

The child(ren) named qualify for the Head Start program and they should be given the rights listed below.

**Based on the McKinney Vento Homeless Education Assistance Act, your children have the right to:**

- Be found income eligible for participation in Head Start programs if families/children are defined as homeless. Migrant/Seasonal families will need to also verify that income comes primarily from agricultural work.
- Enroll in program without giving a permanent address and attend programs while the Head Start agency arranges for copies of 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 Head Start programs.

Staff Signature \_\_\_\_\_

Management Signature \_\_\_\_\_

**Distribution:** White: Child's File    Yellow: Parent