

BSACAP Family Residency Questionnaire

Note: As of December 12, 2007 with the passage of the Head Start Reauthorization Act of 2007, any child whose current housing situation entitles them to services under section 725(2) of the McKinney-Vento Act (42 U.S.C. 11435(2)) is considered automatically eligible for Head Start services. Eligibility may be determined by completing this questionnaire.

Name of Parent Filling Out Questionnaire: _____

Name of Child: _____ Sex: ____Male ____Female
Last First Middle

Birth Date: ___/___/___ Age: _____

This questionnaire is intended to address the McKinney-Vento Act 42 U.S.C. 11435. The answers to this residency information help determine whether the child may be automatically eligible for Head Start services.

1. Is your current address a temporary living arrangement? ____ Yes ____ No
2. Is this temporary living arrangement due to loss of housing or economic hardship? ____ Yes ____ No

If you answered NO to both of the questions above, this child is not automatically eligible for Head Start under the McKinney-Vento Act. Staff and parent signatures are still required and the box for "Not Eligible" should be checked.

If you answered YES to either of the questions, please complete the remainder of this form.

Where is the family presently living? (Check one box.)

- In a motel
- In a shelter
- Sharing the housing of others
- Moving from place to place
- In a place not designed for ordinary sleeping accommodations such as a car, park, or campsite

Address _____ Zip _____ Phone _____

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** _____

Based on the information above and a brief interview with the family, I attest that to the best of my knowledge that this child is **Eligible** **Not Eligible** for enrollment in the Head Start program based on the McKinney-Vento Act.:

Staff Signature _____ **Date** _____

Attach this questionnaire to the Enrollment Application