

Site \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CEO Early Head Start /Head Start

**MCKINNEY-VENTO ACT QUESTIONNAIRE**

Equal Opportunity Program

Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Site: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |
| --- |
| **SECTION 1: If box is checked below complete Section 5** |
| **Child lives:**  🞏 in an Emergency shelter, transitional housing, or domestic violence shelter.  Location Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ How Long: \_\_\_\_\_\_\_\_\_\_\_\_\_  🞏 in a motel, car, park, abandoned building, bus or train stations, or campsite  Location Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ How Long: \_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **SECTION 2: If box is checked below, complete Section 3, 4, & 5** |
| **Child lives with:**  🞏 friends How Long: \_\_\_\_\_\_\_\_ 🞏 Other family members How Long: \_\_\_\_\_\_\_\_\_  Is the living arrangements intended to be: 🞎 temporary OR 🞎 long-term  Did the family move into the home as an urgent measure to avoid being on the streets or in another precarious situation? 🞎 Yes 🞎 No  Reason for Living Arrangement:  🞏 Loss of Housing /Destruction of Previous Home 🞏 Economic Hardship/Eviction/Inability to Pay Rent  🞏 Loss of Income 🞎 Abuse/Domestic Violence in Home/Incarcerated parent/Divorce  🞎 Previous dwelling was inadequate and/or unsafe 🞎 Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Explain \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **SECTION 3: Enter appropriate information.** |
| **Living Conditions:**  🞏 House **OR**  🞏Apartment Number of Bedrooms \_\_\_\_\_ Number of Bathrooms \_\_\_\_\_\_  Adequate Heating: 🞎 Yes 🞎 No Adequate Lighting: 🞎 Yes 🞎 No Running Water: 🞎 Yes 🞎 No  Physical Structure is Safe 🞎 Yes 🞎 No Health and/or Safety Concerns 🞎 Yes 🞎 No  If no to any of the above, please explain \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_    Occupants: No. of Adults \_\_\_\_ No. of Children \_\_\_\_ No. of Infants \_\_\_\_  Child’s Parent/Guardian Pays Rent: 🞎 Partial 🞎 None |
| **SECTION 4: Employment Status** |
| Child’s Parent/Guardian (No. # 1) Income $ \_\_\_\_\_\_\_\_ Unemployment $ \_\_\_\_\_\_\_\_ No Income \_\_\_\_\_  Child’s Parent/Guardian (No. # 2) Income $ \_\_\_\_\_\_\_\_ Unemployment $ \_\_\_\_\_\_\_\_ No Income \_\_\_\_\_ |
| **SECTION 5: Completed by Parent** |
| My signature affirms the information provided is accurate and true. I give permission to CEO Early Head Start / Head Start to verify all of the above information and share the information with the local school district if appropriate. I further understand that Early Head Start / Head Start is a service paid for with federal and state funds and providing inaccurate, misleading, or untruthful information could have serious legal consequences for me.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Parent/Guardian Signature Date |
| **Section 6: Staff Taking Application** |
| Public School Homeless Liaison contacted? 🞎 Yes 🞎 No If yes, Date of Contact \_\_\_\_\_\_\_\_\_\_\_\_  Name of Homeless Liaison in Family’s School District \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Does Public School System consider the family to be homeless? 🞎 Yes 🞎 No  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  CEO Staff Signature Date |
| **Section 7: OFFICE USE ONLY** |
| 🞎 Child determined to be homeless 🞎 Child determined not to be homeless  Based on the above information I attest to the best of my knowledge the child is eligible for Head Start under the McKinney-Vento Act.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Office Personnel Signature Date  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Office Personnel Signature Date |

ERSEA/2013-14