**HOUSING QUESTIONNAIRE**

Name of Child:

Last First Middle

Gender: 􀂈 Male Date of Birth: / /

 􀂈 Female *Month Day Year*

Address: Phone:

**NOTE TO PARENTS:**

Children who are living in temporary housing can enroll in and begin attending Head Start programs right away when **spots in the program are available.**

The answer you give below will help the Head Start program determine whether your child is in temporary housing and eligible for these benefits.

The answer you give will be kept confidential as much as possible and will only be shared with staff providing services to your child and those who have to keep track of how many children in the Head Start program are in temporary housing.

**Where is your child currently living**? (*Please check* ***one*** *box.*)

**[ ]**  In permanent housing

**[ ]** With another family or other person because of a loss of housing, economic hardship, or similar reason (also called temporarily living “doubled-up”)

**[ ]**  In a shelter

**[ ]** In a hotel or motel

**[ ]** In a car, park, bus or train station, or campsite

**[ ]**  Other temporary living situation (Please describe):

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Parent/Guardian Name Parent/ Guardian Signature Date

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_**

ERSEA Staff Name ERSEA Staff Signature Date