

**I-CARE, Inc. Head Start
Student Residency Questionnaire**

Child's First Name	Middle I.	Last	Date of Birth
Name of Parent(s)/Legal Guardian(s):			
Name of Center:		Program Year:	
This questionnaire is intended to address the McKinney-Vento Act 42 U.S.C. 11435 (MVACT). The answers to this residency information help determine the services the student may be eligible to receive and all information provided on this form is confidential.			
<input type="checkbox"/> Yes <input type="checkbox"/> No		Is your current address a temporary living arrangement? (You are NOT living in your own home, renting an apartment or on a lease)	
<input type="checkbox"/> Yes <input type="checkbox"/> No		Is this temporary living arrangement due to loss of housing? (Fire, eviction, loss of income, domestic violence, etc.)	
<input type="checkbox"/> Yes <input type="checkbox"/> No		Were you displaced from your home due to a Natural Disaster? (Hurricane, Tornado, etc.) <input type="checkbox"/> Hurricane (Please Name) <input type="checkbox"/> Other (Please Describe)	
If you answered NO to all the questions, please sign and date below.			
Signature Parent/Guardian:		Date:	

If you answered YES, please sign above AND complete Section A.

Section A	
Where is the applicant (child) presently living? (Check All that Apply)	
<input type="checkbox"/> Yes	In a Shelter (emergency, family, youth, domestic violence, transitional, homeless, etc.)
<input type="checkbox"/> Yes	Doubled-up (living with friend/ relatives due to economic hardship, loss of housing, eviction from home)
<input type="checkbox"/> Yes	Unsheltered (cars, parks, abandoned buildings, bus or train station, public places, campgrounds, etc.)
<input type="checkbox"/> Yes	Hotels/ Motels
<input type="checkbox"/> Yes	Moving from Place to Place
How long do you anticipate living at this location?	
Current Address:	
Phone Number or Contact Number:	

Parent Signature:	Date:
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Presenting false record or falsifying records is an offense under section 37.10, Penal Code and enrollment of child under false documents subjects the person to liability for tuition or other costs. TEC Sec.25.001(h) Education

<u>For ERSEA Verification Office Use Only</u>	
I certify the above name student qualifies for Head Start Services under the McKinney-Vento Act.	
Verifying Staff Signature: _____	Date: _____