I-CARE, Inc. Head Start
Student Residency Questionnaire

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<th>Child’s First Name</th>
<th>Middle I.</th>
<th>Last</th>
<th>Date of Birth</th>
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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 (MV ACT). 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.

- [ ] Yes [ ] No Is your current address a temporary living arrangement? (You are NOT living in your own home, renting an apartment or on a lease)

- [ ] Yes [ ] No Is this temporary living arrangement due to loss of housing? (Fire, eviction, loss of income, domestic violence, etc.)

- [ ] Yes [ ] No Were you displaced from your home due to a Natural Disaster? (Hurricane, Tornado, etc.)
  - [ ] Hurricane (Please Name)
  - [ ] 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)

- [ ] Yes In a Shelter (emergency, family, youth, domestic violence, transitional, homeless, etc.)

- [ ] Yes Doubled-up (living with friend/relatives due to economic hardship, loss of housing, eviction from home)

- [ ] Yes Unsheltered (cars, parks, abandoned buildings, bus or train station, public places, campgrounds, etc.)

- [ ] Yes Hotels/ Motels

- [ ] 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:

Presenting false record or falsifying records in 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

For ERSEA Verification Office Use Only

I certify the above name student qualifies for Head Start Services under the McKinney-Vento Act.

Verifying Staff Signature: Date: