



Community Colleges of Spokane **Spokane County Head Start/EHS/ECEAP**
Family Housing Questionnaire

The answers to these questions will help determine your family and child's eligibility for services. (McKinney-Vento Act 42 USC 11435)

Name of Parent/Guardian _____

Name of Child: _____ **Birth Date:** _____ **Age:** _____
Last First Middle

Current Address _____
Street Address City State Zip

Phone _____ **Emergency Contact/Phone** _____

Name/Birthdate of other children in household

1. Where are you and your family currently staying? Check one box.

Section A

- Rent/own my own home or apartment
- Current address is a temporary living arrangement (If you checked this box, please answer the following questions.)

Section B

- Sharing housing with others because we cannot afford or find affordable housing
- In a shelter
- In a hotel/motel
- In an emergency/transitional shelter
- In a place not designed for ordinary sleeping accommodations such as a car, park, or campsite
- Other

2. Is this a temporary living arrangement due to loss of housing or economic hardship? **Yes** **No**

3. In order to better serve your family and coordinate services, may we share this information with the Spokane Public Schools? **Yes** **No**

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** _____