



Community Colleges of Spokane **Spokane Head Start/ECEAP/EHS**
ERSEA/ERPEA Family Housing Survey

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. How long will you be at your current location?

4. 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 _____