

# BSACAP Family Residency Questionnaire

**Note:** As of December 12, 2007 with the passage of the Head Start Reauthorization Act of 2007, any child whose current housing situation entitles them to services under section 725(2) of the McKinney-Vento Act (42 U.S.C. 11435(2)) is considered automatically eligible for Head Start services. Eligibility may be determined by completing this questionnaire.

Name of Parent Filling Out Questionnaire: \_\_\_\_\_

Name of Child: \_\_\_\_\_ Sex: \_\_\_ Male \_\_\_ Female  
Last First Middle

Birth Date: \_\_\_/\_\_\_/\_\_\_ Age: \_\_\_\_\_

**This questionnaire is intended to address the McKinney-Vento Act 42 U.S.C. 11435. The answers to this residency information help determine whether the child may be automatically eligible for Head Start services.**

- 1. Is your current address a temporary living arrangement? \_\_\_ Yes \_\_\_ No
- 2. Is this temporary living arrangement due to loss of housing or economic hardship? \_\_\_ Yes \_\_\_ No

**If you answered NO to both of the questions above, this child is not automatically eligible for Head Start under the McKinney-Vento Act. Staff and parent signatures are still required and the box for “Not Eligible” should be checked.**

**If you answered YES to either of the questions, please complete the remainder of this form.**

Where is the family presently living? (Check one box.)

- In a motel
- In a shelter
- Sharing the housing of others
- Moving from place to place
- In a place not designed for ordinary sleeping accommodations such as a car, park, or campsite

Address \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

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

Based on the information above and a brief interview with the family, I attest that to the best of my knowledge that this child is  **Eligible**  **Not Eligible** for enrollment in the Head Start program based on the McKinney-Vento Act.:

**Staff Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

*Attach this questionnaire to the Enrollment Application*