**Your family may be able to use homelessness as a service need for subsidized child care if your family and/or child meet the federal McKinney-Vento definition of homelessness. Eligibility can be determined by completing this questionnaire.**

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent Full Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PLEASE COMPLETE THE FOLLOWING SECTIONS:**

|  |
| --- |
| **1. Do you have a child that lives with you that is currently enrolled in a Massachusetts public school?** Yes⬜ No ⬜ |
| In which school district(s) (e.g. Boston, Lawrence) is your child enrolled? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |

|  |
| --- |
|  **2. Presently, are you and/or your family living in any of the following situations?** *(Read below)*Yes ⬜ No ⬜ |
| A. Staying in a shelter (family shelter, domestic violence shelter, youth shelter) or FEMA trailer 1. B. Sharing the housing of others due to loss of housing, economic hardship or similar reason
2. C. Living in a car, park, campground, abandoned building, or other inadequate accommodation
3. D. Temporarily living in a motel or hotel due to loss of housing, economic hardship or similar reason
 |

**PLEASE LIST THE NAME OF EACH CHILD IN YOUR HOUSEHOLD AND INCLUDE HIS/HER FULL NAME, DATE OF BIRTH, GRADE (*if applicable*), AND SCHOOL NAME (*if applicable*):**

|  |  |  |  |
| --- | --- | --- | --- |
| **FULL NAME** | **DATE OF BIRTH** | **GRADE** | **SCHOOL NAME** |
|  |  |  |  |
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|  |  |  |  |

**I certify under penalty of perjury that the information is correct and complete to the best of my knowledge. I understand that this homeless certification is for the purpose of EEC subsidized child care only and may not be used to document homelessness for any other purpose.**

**Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_**