

Living Situation Survey

Parent Name: _____ Child name: _____ Date: _____

Purpose

This form is for staff to use as they have a conversation with families in the Homeless category.

Note: This form is for staff use only and should not be handed to families to complete.

Procedure

Have a conversation to complete this form with all families in the Homeless category. The first page is a guide to help you determine if this form is applicable. This form must be in all files when a family is deemed eligible based on Homelessness.

Section A

Homelessness Definition (Washington OSPI, Office of Head Start, McKinney-Vento Homeless Assistance)

(Must meet Criteria A **and** any one of Criteria B)

Criteria A

- Individuals who lack a fixed, regular, and adequate nighttime residence*

-AND-

Criteria B

- Children and youths who are sharing the housing of other persons due to loss of housing, economic hardship, or a similar reason,
- Are living in motels, hotels, trailer parks, or camping grounds **due to** lack of alternative accommodations,
- Are living in emergency or transitional shelters,
- Are abandoned in hospitals,
- Are awaiting foster care placement;
- Children and youths who have a primary nighttime residence that is a public or a private place not designed for or ordinarily used as a regular sleeping accommodation for human beings;
- Children and youths who are living in cars, parks, public spaces, abandoned buildings, substandard housing, bus or train stations, or similar settings;
- Migratory children who qualify as homeless because they are living in circumstances mentioned above.
- Exception:** Kinship care where the child's caregivers do not receive child-only TANF (if checked, please complete Section D)

***Fixed nighttime residence** – Stationary, permanent, and not subject to change

Regular nighttime residence – Used on a predictable, routine, or consistent basis

Adequate nighttime residence – Sufficient for meeting physical/psychological needs typically met in home

Section B

What phone number(s) should we use to reach you or leave you a message (this phone number may be different than what is on the *Emergency Consent Form*)?

Contact person's name: _____

Where do you want us to send your mail? _____

History

Where were you living right before this place?

Why did you leave?

How long did you live in your last place?

Current Situation

What is your current living situation?

How long do you plan to be at your current location?

If this place was not available, where else could you stay?

Do you stay in the same place every night?

Plans for Future

Are you looking for permanent housing? If so, where?

What prevents you from getting into permanent housing?

What efforts have you made to address those barriers?

What school will your child attend after leaving preschool?

How can the Early Learning program help?

Section C

Other Needs

What are your personal needs?

- Health needs
- Personal items
- Eye glasses
- Toothpaste/toothbrushes
- Medical/Dental care
- Hygiene products/toiletries
- Mental health services
- Food
- Clothes
- Preparing your child for kindergarten
- Other (please list here)

Section D

For kinship children, please tell the story of who the child’s current caregiver is, guardianship status, and what is their relationship to each other?

How did the child come to be out of their parents’ care?

If the parents are currently involved, please indicate any visitation arrangements, strengths of the parents and potential risks for the child.

Staff signature: _____ **Date:** _____

Transition Packet

Date given: _____

Check all that apply

- Name of Homeless Liaison in the family’s School District (current and any possible future districts)
- Copy of their rights under the McKinney-Vento Act
- List of Community Resources and Services (Individualized for each family by FS staff)
- Transition Plan for family
- Name of Title One school and Coordinator: _____