



**Head Start  
& Early Head Start**  
Community Action of Southeast Iowa

# Living Situation Verification

**\*At the time of the Application Appointment interview, the living situation of the family is determined. This form is filled out with any parent/guardian that indicates that the family is or might be homeless per the McKinney-Vento Homeless Assistance Act.**

Please help us understand your current living situation.

Applicant's Name: \_\_\_\_\_

Section 725(2) of the McKinney-Vento Homeless Assistance Act defines individuals as "homeless" if they lack a fixed, regular and adequate nighttime residence and live in one of the following scenarios:

**(Mark the one statement that best describes the family's living situation):**

We are sharing housing with other persons due to a loss of housing, economic hardship or similar reasons. In this instance, we have NOT chosen to live with others because we want to live together. We are currently living with others because we have to.

Living with others is not an option for my family, so we are temporarily living in a motel, hotel, trailer park, or campground.

We are unable to afford paying for a place to stay, so we are temporarily living in an emergency or transitional shelter.

There are no local shelters available in my area (or there is a waiting list), so we are temporarily living in a public space, such as a car, park, abandoned building, substandard housing, bus or train station, or a similar setting.

**Document the circumstances that lead to the current living situation:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Verification of Living Status**

I verify that the information I have provided is correct and accurately reflects the living situation of my family. I also understand that Head Start Staff may need to validate the status of my living situation with a friend, family member or third party organization if I am unable to provide any documentation on my own as proof of my living situation.

I thus give permission for Community Action of Southeast Iowa staff to contact the below named person to verify the current living situation of my family.

Name of Contact: \_\_\_\_\_ Relationship/Job Title: \_\_\_\_\_  
Contact Phone: \_\_\_\_\_ Address: \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

**For Agency Use Only:**

I certify that I have reviewed the above information with the applicant family and have determined via our interview and/or contact with a third party that the applicant is categorically eligible for the Head Start program as a homeless person.

Staff Signature \_\_\_\_\_

Date \_\_\_\_\_

If a Third Party was Contacted:

I contacted the above mentioned person on \_\_\_\_\_ and she/he confirmed the applicant's living situation.

Date