



**Head Start and McKinney-Vento Homeless Assistance Act
Determination Questionnaire**

Performance Objective: The purpose of this questionnaire to accurately identify family circumstances in relationship to the child’s eligibility for Head Start and Early Head Start.

Child Name: _____

Center/Site: _____

Parent Name: _____

During your conversation with the parent(s), please check the appropriate response:

- 1) Is the child sharing the housing of other persons due to: YES • NO •
 (please check all that apply)
- Loss of housing
 - Economic hardship or a similar reason
 - Living in motels, hotels, trailer parks, or camping grounds due to the lack of alternative accommodations
 - Living in emergency or transitional shelters
 - Abandoned in hospitals
 - Awaiting foster care placement
- 2) Does the child have a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings? YES • NO •
- 3) Does the child live in cars, parks, public spaces, abandoned buildings, substandard housing, bus or train stations, or a similar setting? YES • NO •
- 4) Is the child lacking a fixed nighttime residence (stationary, permanent, and not subject to change)? YES • NO •
- 5) Is the child lacking a regular nighttime residence (used on a predictable, routine, or consistent basis)? YES • NO •
- 6) Is the child lacking an adequate nighttime residence (sufficient for meeting both the physical and psychological needs typically met in home environments)? YES • NO •

Family Support Worker’s Signature

Date