



STORYTELLER CHILDREN'S CENTER

Housing Questionnaire English
July 2017

Housing Questionnaire

Child's Name _____

Date of Birth: _____

This document is intended to address the McKinney-Vento Assistance Act. It will help us to determine your need and eligibility for services.

Presently, where is your family living now? (Check one):

- ☐ Out of economic necessity, living with one or more families in a house or apartment
- ☐ Emergency or transitional shelter
- ☐ Transitional housing program
- ☐ Motel or hotel
- ☐ Car, RV, campsite, garage, abandoned building, bus station, park, or unsheltered
- ☐ Single family home (only one family living in a house or apartment)
- ☐ Foster family home
- ☐ Licensed children's institution
- ☐ Other location _____

I declare under penalty of perjury under the laws of this State that the information provided here is true and correct and of my own personal knowledge.

Parent/Guardian Signature

Date:

If you have any questions, or need assistance completing this form, please call us at the number below.

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Santa Barbara, CA 93105
(805) 682-9585