

Anaconda Deer Lodge County

Head Start

Child Residency Questionnaire/Affidavit

Child's Name: _____ (Male _____ Female _____)

Birthdate: _____ Age: _____

1. Do you and your child live in a fixed, regular, adequate nighttime residence?

Yes _____ No _____

2. Do you and the child live in:

- | | |
|---|--------------------------------------|
| <input type="checkbox"/> Shelter | <input type="checkbox"/> Motel/Hotel |
| <input type="checkbox"/> Car/RV | <input type="checkbox"/> Campsite |
| <input type="checkbox"/> Temporarily with another family in a house, mobile home or apartment | |
| <input type="checkbox"/> Transitional Housing | <input type="checkbox"/> Other |

3. The child lives with:

- | | |
|--|--|
| <input type="checkbox"/> Two Parents | <input type="checkbox"/> Qualified Relative/Legal Guardian |
| <input type="checkbox"/> One Parent | <input type="checkbox"/> Friend |
| <input type="checkbox"/> An Adult that is not the Legal Guardian | |

4. I am:

- Parent/Legal Guardian of the above-named child
- Qualified adult relative of the above-named child

Signature: _____ Date: _____

Printed Name: _____

Residence: _____

Telephone: _____ Cell Phone: _____

Staff Signature: _____ Title: _____

