

**PARENT/GUARDIAN CERTIFICATION OF HOMELESSNESS**

Child's Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Family's living address: \_\_\_\_\_

Parent/Guardian Name (1) : \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Parent/Guardian Name (2) : \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Check all that apply to the applicant's current living circumstances:

- In a shelter (family shelter, domestic violence, youth, or temporary housing)
- In a motel, hotel, or weekly rate housing
- Doubled up with friends or relatives because cannot afford housing (i.e. not by choice)
- In an abandoned building, other inadequate accommodations, or a vehicle
- On the street
- Temporary foster care placement
- With friends and relatives because you are an unaccompanied youth

Reminder: Displacement can also be due to disasters such as fire, tornadoes, hurricanes, flooding, etc...

<b>Parent/Guardian Statement(s) of Agreeance</b>	<b>Parent/Guardian SIGNATURE</b>	<b>Date</b>
I certify that I/we are currently living in one of the circumstances of homelessness listed above. I (if a pregnant woman) or the child applicant named above should be classified as homeless under Head Start definitions; therefore, <b>I am and/or the child is, categorically eligible for Head Start services.</b>		
As the Parent/Guardian of the child named above, <b>I hereby grant Prime Time Head Start permission</b> to request records and/or information relevant to my child/family's status of homelessness by <b>THIRD PARTY VERIFICATION.</b> Prime Time Head Start may contact third party persons such as a homeless shelter caseworker, social service provider, court official, other family member, former employer, etc. to verify homelessness.		
I also <b>authorize staff of Prime Time Head Start to share information verbally, as needed.</b> I understand that the confidentiality of any information identifying my child and/or myself will be maintained in accordance with Prime Time Head Start's policy regarding the Privacy of Child Records, and all applicable laws. I also acknowledge that: <ul style="list-style-type: none"> <li>➤ I may review the indicated information at any time.</li> <li>➤ This authorization is voluntary, and I may refuse to sign it. My refusal to sign will not affect my eligibility for services or enrollment in the Head Start program.</li> <li>➤ I may also choose to revoke it at any time by notifying Prime Time Head Start in writing.</li> <li>➤ I understand that if I revoke this consent, my revocation will not affect disclosures or receipts that have already been made.</li> </ul>		

**Did Parent/Guardian give permission for third party verification of homeless status?**  Yes  No

**If Yes,** list third party names below **(Use the Certification of Financial/Housing/Living Support Form if needed):**

Third Party Name: \_\_\_\_\_ Title/Affiliation: \_\_\_\_\_ Contact #: \_\_\_\_\_

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Third Party Name: \_\_\_\_\_ Title/Affiliation: \_\_\_\_\_ Contact #: \_\_\_\_\_

**THIRD PARTY VERIFICATION NOTES:** Describe efforts made to verify family's status of homelessness, including content of third-party conversations (if permitted by family) or conversations with family to explain/describe current circumstances.

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**Prime Time Staff (Printed Name):** \_\_\_\_\_ **Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_