

Sweetwater County School District #1 Head Start
HOMELESS VERIFICATION STATEMENT

Child's Name _____ Family Name _____

Definition of Homelessness:

For the purpose of Head Start, homeless is defined as:

- Individuals who lack a fixed, regular and adequate nighttime residence
- Children and youths who are sharing the housing of other persons due to loss of housing, economic hardship or a similar reason
- Children and families living in motels, hotels, trailer parks or camping grounds due to lack of alternative adequate accommodations
- Individuals residing in emergency or transitional shelters, abandoned in hospitals, or awaiting foster care placement
- Children and youths who 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
- Individuals living in cars, parks, public spaces, abandoned buildings, substandard housing, bus/train stations, or similar settings

This is to verify that my family is homeless due to our current living situation:

- | | | |
|---------------------------------------|--|---|
| ☐ Motel/Hotel | ☐ Park | ☐ Abandoned Building |
| ☐ Car/Van/Bus | ☐ Bus/Train Station | ☐ Campground |
| ☐ Shelter | ☐ Shared Housing due to Economic Hardship | |
| ☐ Other: _____ | | |

CERTIFICATION

I certify that this information is true.

Parent/Guardian Signature

Date

Attach to application

Thank you to Wyoming Child and Family Development, Inc. for the content of this form.