



### 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.

Please check the box that best applies to the current type of housing where your family lives

- Single family home (only one family living in a house or apartment)
- Shelter
- Motel or hotel
- Sharing/renting with another family a room, house, mobile home, or apartment
- Car, RV, campsite, garage, abandoned building, bus station, park, or unsheltered
- 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.

#### CAC Children's Services Program

201 West Chapel Street  
Santa Maria, CA 93458  
(805) 922-2243

120 West Chestnut Avenue  
Lompoc, CA 93436  
(805) 740-4555

5638 Hollister Avenue, Suite 230  
Goleta, CA 93117  
(805) 964-8857