



HOUSING QUESTIONNAIRE

(Please complete this form if you are not in permanent housing.)

The information you provide is confidential.

ACCIS #: _____

If two parent/caretaker household, both names are required:

Parent/Caretaker Information	Last Name	First Name	Middle Name
Parent/Caretaker 1			
Parent/Caretaker 2			

Address: _____

Telephone Number: _____

Where are you and your child(ren) currently living? (Please check one box.)

Check below	Housing Questionnaire Choice
<input type="checkbox"/>	Doubled up With another family or other person because of loss of housing or because of economic hardship
<input type="checkbox"/>	Shelter Emergency or transitional shelter
<input type="checkbox"/>	Hotel/Motel Living in what is NOT an emergency or transitional shelter and involves payment
<input type="checkbox"/>	Other Temporary Living Situation Trailer park, campground, car, park, public places, abandoned building, street, or any other inadequate space

I swear and/or affirm that all the information I have given related to my housing status is true and accurate.

Name of Parent/Caretaker 1 (print)

Parent/Caretaker 1 (signature)

Date

Name of Parent/Caretaker 2 (print)

Parent/Caretaker 2 (signature)

Date

Confidentiality

A child's housing information is kept confidential to the maximum extent possible.