



*Our Mission is to provide access to quality child care and early education in Sonoma County through advocacy, direct service, and empowerment.*

### DECLARATION OF HOMELESSNESS

A family may obtain child care services due to experiencing homelessness. The McKinney-Vento Act defines homeless children and youth as “individuals who lack a fixed, regular, and adequate nighttime residence.” This definition also includes:

- Children and youth who are sharing the housing of other persons due to loss of housing, economic hardship, or similar reason,
- Children and youth who may be living in motels, hotels, trailer parks, shelters,
- Children and youth who have a primary nighttime residence that is a public or private place not designed for or ordinarily used as regular sleeping accommodations for human beings,
- Children and youth who are living in cars, parks, public spaces, abandoned buildings, substandard housing, bus or train stations, or similar setting, or
- Migratory children who qualify as homeless because they are children who are living in similar circumstances listed above.

In order to establish eligibility and/or need for child care services due to experiencing homelessness you must meet one requirements listed below. Please mark the option that applies to your family:

- Agency Referral** – My family and I have an agency referral from an emergency or transitional shelter, Head Start Program, Local Educational Agency liaison for children and youth experiencing homelessness, or other legal, medical or social service agency, dated within 3 months prior. Please attach agency referral.

Referral must include: 1) Name of the Identifying Agency, 2) Agency Address, 3) Agency Phone Number, 4) Title of Agency Representative, 5) Agency Representative’s Signature and 6) Date.

- Parental Declaration** – My family and I are experiencing homelessness and meet the definition of homeless as defined above.

Child care services shall be authorized for less than 30 hours per week, no more than 5 days per week (generally, Monday through Friday). Please indicate the child care schedule you need below:

Monday	Tuesday	Wednesday	Thursday	Friday
to	to	to	to	to

*I, \_\_\_\_\_, declare under penalty of perjury that the above information as stated is true and correct to the best of my knowledge. I understand that I have 30 days to provide all documentation to complete my family file or services will be terminated.*

\_\_\_\_\_  
Signed Under Penalty of Perjury

\_\_\_\_\_  
Date