

Child Care Services

RESIDENCY INFORMATION FORM

Name: _____ TWIST ID: _____

TO BE COMPLETED BY PARENT

Is your current residence **Temporary** or **Permanent**? (Circle one)

Which of the following situations describes your family's current nighttime residence?
(you can choose more than one):

- House or apartment with parent or guardian
- Motel, car, or campsite
- Shelter or other temporary housing
- With friends or family members (other than or in addition to parent/guardian)

If your family is living in shared housing, please check all of the following reasons that apply:

- Loss of housing
- Economic situation
- Temporarily waiting for house or apartment
- Provide care for a family member
- Living with boyfriend/girlfriend
- Loss of employment
- Parent/Guardian is deployed
- Other (Please explain):

I ATTEST THAT THE INFORMATION STATED ABOVE IS TRUE AND ACCURATE, AND UNDERSTAND THAT THE ABOVE INFORMATION, IF MISREPRESENTED OR INCOMPLETE, MAY BE GROUNDS FOR IMMEDIATE TERMINATION OF CHILD CARE SERVICES AND/OR PENALTIES AS SPECIFIED BY LAW.

PARENT'S SIGNATURE

DATE

TO BE COMPLETED BY WFS STAFF

Verification of residency information from other program (if available):

- WIOA determination
- Local school district
- Head Start program
- Homeless shelter
- Transitional housing program
- Other social services agency

Describe any verifications obtained, including contact information and dates:

Does the family's nighttime residence meet the following standards? (See form instructions in the Eligibility Documentation Log for guidance)

- Fixed
- Regular
- Adequate

Case Manager/Intake Notes:

WFS STAFF SIGNATURE

PRINT NAME

DATE

WFS MANAGER/REVIEWER SIGNATURE

PRINT NAME

DATE