

2096 Red Arrow Trail Madison, WI 53711 Telephone (608) 275-6740 FAX (608) 275-6756 Executive Director: Jen Bailey

THIRD PARTY VERIFICATION OF HOMELESSNESS

I,
I,
Check Relationship:
☐ child ☐ other relative ☐ friend ☐ other ☐ (If "other," specify)
(If "other," specify)
Street Address, City, State, and ZIP Code since//20 mo. day yr.
Street Address, City, State, and ZIP Code mo. day yr.
McKinney-Vento Act Definition of Homelessness
Sharing the housing of other persons due to loss of housing, economic hardship, or a similar reason; living in motels, hotels, trailer parks, or camping grounds due to lack of alternative adequate accommodations; living in emergency or transitional shelters; abandoned in hospitals; or awaiting foster care placement. Having 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.
Living in cars, parks, public spaces, abandoned buildings, substandard housing, bus or train stations, or similar settings.
I understand that providing false information to a federally funded program is against the law. I further understand that I am verifying that at the time of the Applicant's Early Head Start/Head Start application, the above named individual was homeless, as defined by the McKinney-Vento Act stated above.
Signature of Home Owner/Primary Renter's Date://20 mo. day yr.
Please print the name of the Reach Dane Staff Assisting the Family Date://20 mo. day yr.