

Community Action Council Howard County Head Start Multiple Family Disclosure Form

Occasionally families have special living arrangements such as living with a relative, sharing a home with another family, homelessness or living in a shelter. These families will not be able to produce a lease or utility bill that identifies a Howard County address as their legal residence so they are asked to complete this form.

Host Family Name (renter, owner, etc): _____

Address: _____

Relationship to Guest Family _____ Phone Numbers: _____ (home) _____ (cell)

Duration of Stay of Guest Family: _____

Previous Address of Guest Family: _____

Please list **all** children living in the household:

Child(ren)	Age	Date of Birth	School Attending
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

It is understood that the above named child(ren) will be permitted to continue enrollment in the Community Action Council Head Start Program of Howard County as long as the above listed address is the only residence of the child(ren) and the parent(s)/legal guardian(s). If a change in residence occurs, it is the responsibility of the parent(s)/legal guardian(s) to notify the administrative office at (410) 313-6443 immediately. Families who use a relative residing in Howard County for daycare services only will **not** be able to enroll in Howard County Head Start; Head Start services are available in the Maryland county in which the child has legal residence.

By signing this form, it is understood that the information provided by the Host Family and the Guest Family is both accurate and truthful. Any attempt to falsify information shall result in the child(ren) being withdrawn from the program. Verification of this information may include but is not limited to a home visit by staff.

_____ My signature and date certifies that I acknowledge that the family and
Host Signature/Date
child(ren) listed above are residing with me in good faith and not for the sole purpose of attending Community Action Council Howard County Head Start.

_____ My signature and date certifies that the information provided is truthful and
Guest Family/Date
accurate. I agree to all of the conditions above and agree to provide current addresses if/when my residence changes.

Staff Use Only

Staff Signature/Date: _____

Circumstances of Family Situation: _____
