



HEAD OF HOUSEHOLD VERIFICATION

I, _____, do verify that,
(Head of Household)

_____, the parent of
(Parent or Guardian)

LIST ALL STUDENTS IN THE FAMILY

DOB

Do not include the Head of Household's family unit

_____	_____
_____	_____
_____	_____
_____	_____

is living with me in my home with said child (children) located at:

_____. Temporary
 Permanent

Signature of Head of Household _____

Signature of Parent _____

AR Annotated Code §6-18-202 (3)
Any person who knowingly gives a false residential address for purposes of public school enrollment is guilty of a violation and subject to a fine not to exceed one thousand dollars (\$1000).

State of Arkansas }
 SS }
County of Pulaski }

Subscribed and sworn to before me on this ____ day of _____, 20__.

My commission expires _____
Notary Public

**Little Rock School District – Housing Status Questionnaire
Student Services Department**

Dear Parent/Guardian:

The Little Rock School District is required to accurately identify homeless children and youth in the district, or students in transition. This assures continued funding of services for this population as well as keeping the Arkansas Department of Education informed regarding the number of school-age homeless children and youth.

The U.S. Department of Education defines homelessness as individuals who are living in “doubled-up” accommodations, sharing housing with their families or other individuals because of loss of housing due to spousal abuse, loss of income, eviction, or some other similar situation and unaccompanied youth who are not in the care of a parent or legal guardian.

It is necessary that each family who submits this form also completes the Family Profile sheet and submits the required registration documents with the Housing Status Questionnaire. This information will assist the LRSD Student Registration Office in determining your housing status.

Family Profile

Custodial Parent or Legal Guardian: _____

Address _____ City _____ State _____ Zip _____

Telephone # _____ Cell Phone # _____ Message Telephone # & Name _____

Employer _____ Work Phone # _____

Student Information – Please list all students who reside with the parent -Not to include the Head of Household Family unit****

Student	DOB	Grade	Race	Gender	School Assignment

Please read carefully and answer each question. If you have questions, please contact the Student Services Department at 501-447-2988.

1. What is the relationship of the Head of Household to you? Parent Other Relative Friend
2. How long have you lived in this household? 1 month or less 2 – 5 months 6 months to 1 year
3. How long do you expect to live in this household? 1 month or less 2 – 5 months 6 months to 1 year
4. Please indicate your reason for living in this household: Loss of Income Eviction Spousal Abuse
Other: _____
5. **Do you wish to be listed in our homeless count and become eligible for services available to families in transition?**
Yes No

NOTE: If you indicated **YES**, you will be recorded in the database as a family in transition. If you indicated **NO**, you will be recorded as a double-up family and you will not be eligible to receive services available to families in transition.

Parent/Guardian _____ Date _____