



EMAIL

TO:	CCS CENTRAL 2	FROM:
EMAIL:	CCSCentral2@maryland.gov	HOMELESSNESS CCS APPLICATION ATTACHED
PHONE:	877-227-0125	OFFICE PHONE:
SUBJECT:	McKinney-Vento Homeless Assistance Act	DATE:

PARENT/GUARDIAN NAME: _____

PARENT/GUARDIAN PHONE: _____

PARENT/GUARDIAN EMAIL: _____

NAME OF TEMPORARY DWELLING: _____

ADDRESS OF TEMPORARY DWELLING: _____

Which of the below describes the family's current living or housing situation:

- Do you lack a fixed, regular, and adequate nighttime residence?
- Are you sharing the housing of other persons due to loss of housing, economic hardship, or a similar reason (sometimes referred to as doubled-up_?
- Are you living in motels, hotels, trailer parks, or camping grounds due to lack of alternative adequate accommodations?
- Are you living in emergency or transitional shelters?
- Is your primary nighttime residence that is a public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings?
- Are you living in cars, parks, public spaces, abandoned buildings, substandard housing, bus or train stations, or similar settings?
- Are you and your children migratory?

By signing this form, you acknowledge that you are MSDE CCS Staff, DHS, Family Resource Specialist,

Shelter or Transitional Staff:

Signature: _____

Date: _____

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This form is only to be completed and submitted by MSDE CCS Staff, DHS, Family Resource Specialist, Shelter or Transitional Staff