

**Head Start Family Demographics Form**  
**SECTION 3: FAMILY COMPOSITION AND RESOURCES**

**Complete one copy of this section for each family applying for Head Start services.**

Family of: \_\_\_\_\_

**Family Type:**

- Two-parent family  
 Single-parent family (mother figure only)  
 Single-parent family (father figure only)  
 Single-parent family (mother figure only) living with partner  
 Single-parent family (father figure only) living with partner  
 Other relative(s)  
 Foster family  
 Other family type (specify):

Effective date: \_\_\_\_\_ # of Adults: Number of adults # of Child(ren): Number of Children

Annual Income: \_\_\_\_\_

**Types of Services or Financial Assistance Received (mark all that apply):** **No services received**

- Medical financial assistance (i.e., Medicaid/Medicare)       Unemployment insurance  
 Food Stamps       Public housing assistance  
 Public assistance/Welfare (i.e., TANF/AFDC)\*       Energy program assistance  
 WIC  
 Supplemental Security Income (SSI)       Child support/alimony  
 Foster care/adoption subsidy       Other (specify):

**\*If Family is receiving public assistance, answer the following:**

Began receiving services: \_\_\_\_\_

Scheduled termination: \_\_\_\_\_

Family applied to receive Supplemental Security Income (SSI):

Yes       No

**Housing Payment Arrangement:**

- Own housing       Exchange services for housing       Receive subsidized housing  
 Rent housing       Make no payment for housing       Other (specify):

**Type of Housing:**

- House       Mobile home/trailer       Homeless/no housing       Migrant housing  
 Apartment       Community shelter       Hotel/motel room       Other:

**Length of Time at Current Address;**

- Less than 6 months       1 – 2 years  
 6 – 12 months       More than 2 years

**Number of Time Family Moved in the past 12 months:**

- Family has not moved       Twice       Four or more times  
 Once       Three times

**Homeless in past 12 months (including currently homeless):**

Yes       No

Length of time homeless:

- Less than 1 month       3 – 6 months  
 1 – 3 months       More than 6 months

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**Family currently has means of transportation:**

Yes                       No (End of section)

Primary mode(s) of transportation used (*mark all that apply*):

Private vehicle (car, truck, van)                       Public transportation (bus, subway, taxi)  
 Friend's or relative's vehicle                       Other (specify):

**Family has alternate means of transportation:**

Yes                       No

**Alternative means of transportation (*mark all that apply*):**

Private vehicle (car, truck, van)                       Public transportation (bus, subway, taxi)  
 Friend's or relative's vehicle                       Other (specify):

I certify that the information provided on this form is accurate and truthful to the best of my knowledge:

Parent/Guardian Signature: \_\_\_\_\_  
Parent/Guardian Name

Print Parent/Guardian Name: \_\_\_\_\_  
Date: \_\_\_\_\_

**AGENCY USE ONLY**

Referral Source:

Family Research Classification:

Program Family                       Comparison Family  
 Not part of research study

Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Staff Name: