

Residency Information Form

Name: _____

TWIST ID #: _____

TO BE COMPLETED BY PARENT

Is your current residence ☐ **temporary** or ☐ **permanent**? (Check one box)

Which of the following situations describes your family's current nighttime residence? (you can choose more than one)

- ☐ House or apartment with parent or guardian
- ☐ Motel, car, or campsite
- ☐ Shelter or other temporary housing
- ☐ With friends or family members (other than or in addition to parent/guardian)

If your family is living in shared housing, please check all of the following reasons that apply:

- ☐ Loss of housing
- ☐ Economic situation
- ☐ Temporarily waiting for house or apartment
- ☐ Provide care for a family member
- ☐ Living with boyfriend/girlfriend
- ☐ Loss of employment
- ☐ Parent/guardian is deployed
- ☐ Other, please explain:

I attest that the information stated above is true and accurate and understand that the above information, if misrepresented or incomplete, may be grounds for immediate termination of child care services and/or penalties as specified by law.

Parent's Signature

Date

Workforce Solutions is an equal opportunity employer/program. Auxiliary aids and services are available upon request to individuals with disabilities. (Please request reasonable accommodations a minimum of two business days in advance.) **Relay Texas** Numbers: 1.800.735.2989 (TDD) 1.800.735.2988 (voice) or 711

January 2022

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TO BE COMPLETED BY WORKFORCE SOLUTIONS STAFF

Does the family's nighttime residence meet the following standards?

- ☐ Fixed
- ☐ Regular
- ☐ Adequate

Outside agency verification of residency information, if applicable:

- ☐ Local school district
- ☐ Head Start program
- ☐ Homeless shelter
- ☐ Transitional housing program
- ☐ Other social services or workforce program

Describe any verification obtained, including contact information and date(s):

Workforce Solutions Staff Signature

Print Name

Date

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