

**Illinois Department of Human Services  
Child Care Assistance Program (CCAP)  
CERTIFICATION OF TEMPORARY LIVING  
ARRANGEMENT QUESTIONNAIRE**

This questionnaire is for the purpose of determining eligibility for Protective Services Child Care in the Child Care Assistance Program. The Illinois Child Care Assistance program uses the McKinney-Vento Act definition of families experiencing homelessness. (Section 725 of Subtitle VII-B of the McKinney Act (42 U.S.C. 11434a). Other information to determine the family’s eligibility for CCAP will be obtained on the Child Care Application (Form IL444-3455) and supporting documentation.

\_\_\_\_\_  
**Applicant’s Name (First, Middle, Last):**

In the past 30 days, I have been in contact or am registered with a local agency that provides support to families experiencing homelessness. \_\_\_\_\_ was contacted on \_\_\_\_\_.  
(Agency Name) (Date)  
\_\_\_\_\_  
(Agency Mailing Address / Agency Phone Number (including Area Code) / Printed Name of Agency Contact)

I have not yet contacted or registered with a local agency to provide support to families experiencing homelessness but plan to do so in the next 30 days.

**Please check the living situation that best describes your family’s circumstances (check only one):**

**My Family Is:**

- Currently homeless and living on the street (i.e. a car, park, abandoned building, bus station, airport, or camp ground).
- The victim(s) of domestic violence and am/are fleeing from abuse.
- Share the housing of other persons due to loss of housing, economic hardship, or a similar reason.
- Living in motels, hotels, trailer parks or camping grounds due to the lack of alternative accommodations.
- Living in emergency or transitional shelters.
- Being evicted from the housing we are presently staying in and must leave this housing within the next \_\_\_\_ days.
- Other – (please explain): \_\_\_\_\_

All information contained in a CCAP case record, including this form, is considered confidential and will only be used for the purposes of determining eligibility for the CCAP or for referral for other supportive services. The use of or disclosure of family information for commercial, personal, or political purposes is strictly prohibited. I certify that this information is true, accurate and complete to the best of my knowledge and I understand that any falsification, omission, or concealment of material fact may result in cancellation, denial or reduction of Child Care Assistance Program Eligibility. My signature is my consent and authorization for information to be released by or to the Illinois Department of Human Services or its agents that may establish my eligibility, or my continued eligibility for the Child Care Assistance Program.

**Signature of Applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_