

To determine your family's eligibility for Care 4 Kids child care assistance program benefits, the Office of Early Childhood and Care 4 Kids will consider housing instability and insecurity. Please select all the below that are true for you and your family. You may be asked to provide additional information.

Name (	Printed)
Signatu	re Date
affirm t	ead my rights and responsibilities or have had them read to me in a language I understand. I swear of hat the above information is accurate and complete to the best of my knowledge. I understand that diffication, omission, or concealment of material facts may cause the Office of Early Childhood to take against my benefit eligibility and may also subject me to administrative, civil, or criminal liability.
Please	review the following, sign, and date:
	My living situation is not "adequate". My housing may not be safe, have adequate heat, or my fami is sleeping in a common area of a shared home.
	Living in a situation that is not "regular." My housing is not predictable, routine, and consistent. We do not stay in the same place every night.
	Living in a situation that is not "fixed". My housing is irregular, not permanent and is subject to change.
	Living in a car, park, public space, abandoned building, substandard housing, bus/train station or similar setting.
	Living in a location that is not designated or ordinarily used as a regular sleeping accommodation.
	Living in an emergency shelter or transitional housing.
	Living in a motel, hotel, trailer park or campground due to lack of alternative housing.
	Sharing housing with others due to loss of housing or economic hardship.

Complete and return this form to Care 4 Kids:

ONLINE: https://www.ctcare4kids.com/upload/

MAIL OR DROP-OFF: Care 4 Kids • 55 Capital Boulevard • Rocky Hill, CT • 06067

FAX: 1-877-868-0871

Please contact Care 4 Kids at 888-214-5437 with any questions. Thank you.

I, and/or my family currently is: