

**McKinney-Vento Program
Intake Form**



STUDENT NAME	STUDENT NO.	GRADE	GENDER	Ethnicity: <input type="checkbox"/> African American <input type="checkbox"/> Asian <input type="checkbox"/> Caucasian <input type="checkbox"/> Hispanic <input type="checkbox"/> Native American <input type="checkbox"/> Other
CURRENT SCHOOL OR LAST ATTENDED	ENROLLED IN SCHOOL? <input type="checkbox"/> Yes <input type="checkbox"/> No	AGE	DATE OF BIRTH	
CURRENT ADDRESS	PARENT/GUARDIAN	PHONE		

1. Is this student's home address a temporary living arrangement? Yes No
2. Is this a temporary living arrangement due to a loss of housing or economic hardship? Yes No
3. As a student, are you living with someone other than your parent or legal guardian? Yes No

If you answered YES to **any** of the above questions, please complete the remainder of this form.
 If you answered NO to all of the above questions, you may stop here.

Please list siblings in the home:

Name	Student No.	Grade	Age	School (if not enrolled, please indicate)

A) Student's Primary Night Time Residence:

- Shelter
- Unsheltered² Motel/Hotel
- Doubled Up¹

¹ Sharing the housing of other persons due to loss of housing, economic hardship, or similar reason
² Living in a car, park, campsite, trailer park, bus/train station, abandoned building, abandoned hospital, or other location not ordinarily used as sleeping accommodations
³ Unaccompanied youth not living with a parent or guardian

B) Subpopulation of Homeless Student:

- Unaccompanied Youth³ ELL Students
- Migrant Children/Youth
- Special Education

District can provide:

- Free breakfast/lunch
- Transportation
- Special Education
- School supplies
- School Counseling/Mentoring
- After-school programs
- Tutoring
- Gifted/Talented
- Preschool Enrollment records
- Missing enrollment records
- Birth certificate
- Immunization/medical records
- Prior academic records
- Vocational/technical

Building:

- Clothing/Uniform
- School supplies

Community Resources:

- Medical/dental referral – medical coupons*
- Vision referral*
- Teen Center
- Mentoring
- Medicaid/DSHS services – food stamps
- Community resource

*Healthy Kids funds can be used.

Comments/Changes:

I am aware I have the right to appeal the decision should I not be approved for McKinney-Vento.

Parent/Guardian/Unaccompanied Youth Signature:

Name

Date

Building/District Liaison Signature:

Name

Date