

**McKinney-Vento Intake Form**

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| STUDENT NAME      | STUDENT NO.      | GRADE      | GENDER      | Ethnicity:[ ]  African American[ ]  Asian[ ]  Caucasian[ ]  Hispanic[ ]  Native American[ ]  Other |
| CURRENT SCHOOL OR LAST ATTENDED      | ENROLLED IN SCHOOL?[ ]  Yes [ ]  No | AGE      | DATE OF BIRTH      |
| CURRENT ADDRESS      | PARENT/GUARDIAN      | PHONE      |
| **Please list siblings or other children in the home:** |
| **Name** | **Student No.** | **Grade** | **Age** | **School (if not enrolled, please indicate)** |
|       |       |       |       |       |
|       |       |       |       |       |
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| **Student’s living situation:**  [ ]  Shelter [ ]  Doubled Up1 [ ]  Temporary Placement4 [ ]  Unsheltered2 [ ]  Motel/Hotel[ ]  Migrant [ ]  Unaccompanied Youth3 [ ]  Transitional Housing[ ]  Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 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 4 Child temporarily placed with relative or guardian Is your current residence a temporary living situation? [ ]  Yes [ ]  No Is your living arrangement due to the loss of housing or economic hardship? [ ]  Yes [ ]  No**Precipitating Event:** [ ]  Eviction [ ]  Abandonment [ ]  Parent/Guardian Incarceration [ ]  Fire[ ]  Death of Parent/Guardian[ ]  Parent/Guardian Hospitalized [ ]  Natural Disaster[ ]  Domestic Violence[ ]  Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Date student became homeless:**      **Please check the following services that are needed or desired:** [ ]  Free breakfast/lunch [ ]  Tutoring or other instructional support [ ]  Transportation [ ]  After-school programs [ ]  Clothing/Uniform [ ]  Evaluation [ ]  School supplies [ ]  Special Education Services [ ]  Counseling [ ]  EL Services [ ]  Medical/dental/vision referrals [ ]  Community resources [ ]  Referrals to Early Childhood Programs [ ]  Emergency Assistance (food, shelter, etc.) [ ]  Coordination of Services [ ]  Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  [ ]  Missing enrollment records  [ ]  Birth certificate [ ]  Prior academic records [ ]  Immunization/medical records [ ]  Guardianship issues [ ]  IEP/504 Plan [ ]  Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Parent/Guardian/Unaccompanied Youth Signature:**

Student name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\*I affirm that the residency information provided herein is true and accurate.**

**\*I have been advised of my child’s rights and my rights under the McKinney-Vento Federal Homeless Assistance Act**

Signature Date

***Any person making a false statement regarding residency will be in violation of section 42 U.S.C. §11431 of the Pennsylvania Basic Education (BEC). Violation of this could lead to disciplinary action, including dis-enrollment.***

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**Name of LEA Representative:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Comments/Changes:**

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| **Transportation Request****School District Information**Homeless Liaison Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_District of Origin (DOO):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_District of Residence (DOR):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Transportation Information** Pick-up Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Drop off Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Arrival Time:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Departure Time:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Transportation Department Only:**

|  |  |
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| Vehicle Number |  |
| Chargeback | **AM PM** |
| Start Date |  |
| End Date |  |
| Pick-up Time |  |
| Drop-off Time |  |

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