

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