

**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"/> Filipino <input type="checkbox"/> 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)

Student's living situation:

- | | | |
|---|--|---|
| <input type="checkbox"/> Shelter | <input type="checkbox"/> Doubled Up ¹ | <input type="checkbox"/> Temporary Placement ⁴ |
| <input type="checkbox"/> Unsheltered ² | <input type="checkbox"/> Motel/Hotel | <input type="checkbox"/> Transitional Housing |
| <input type="checkbox"/> Unaccompanied Youth ³ | <input type="checkbox"/> Migrant | |

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

Please check the following services that are needed:

SUPPORT	<input type="checkbox"/> Free breakfast/lunch	REFERRAL	<input type="checkbox"/> Medical/dental referral – medical coupons
	<input type="checkbox"/> Transportation		<input type="checkbox"/> Vision referral
	<input type="checkbox"/> After-school programs		<input type="checkbox"/> Vocational/technical referral
	<input type="checkbox"/> Clothing/Uniform		<input type="checkbox"/> Medicaid/DSHS services – food stamps
	<input type="checkbox"/> School supplies		<input type="checkbox"/> Community resource referral
	<input type="checkbox"/> Mentoring		<input type="checkbox"/> Preschool Enrollment records
	<input type="checkbox"/> Counseling (at site, if available)		<input type="checkbox"/> EL/Bilingual program
	<input type="checkbox"/> Special Education		<input type="checkbox"/> Teen Center
	<input type="checkbox"/> Tutoring		<input type="checkbox"/> Missing enrollment records
	<input type="checkbox"/> Other assistance needed		<input type="checkbox"/> Birth certificate
_____	<input type="checkbox"/> Immunization/medical records		
_____	<input type="checkbox"/> Prior academic records		
	<input type="checkbox"/> Guardianship issues		

Parent/Guardian/Unaccompanied Youth Signature: _____

Name _____

Date _____

Principal/Assistant Principal Signature: _____

Name _____

Date _____