



3330 Monte Villa Parkway, Bothell WA 98021

McKINNEY-VENTO HOMELESS ASSISTANCE ACT

INTAKE AND REFERRAL

Send completed form to McKinney-Vento Liaison
Ana Foy 425 408 7727 or Fax 425 408 7729

Date: _____

Student ID#: _____

Student Name: _____
First Middle Last

Date of Birth: _____

Nighttime address: _____ City: _____ Zip: _____

Contact phone: _____ Alternate/Emergency phone: _____

Email: _____

Age: _____ Grade: _____ School Requesting to Attend: _____

Parent/Guardian Name: _____

Where does the student stay at night? (Please check one box.)

- "Doubled Up" with another family due to a loss of housing or economic hardship;
- A motel/hotel;
- At an emergency or transitional shelter;
- In a location not usually used for sleeping accommodations; (cars, parks, campsite, public places, abandoned buildings, substandard housing, transportation stations or similar settings)
- Couch Surfing
- Living with someone other than your parent

Are there other children/siblings in the family who are also homeless? (names, ages, grade/school)

Please fill out separate form for each student

What district did the student(s) last attend? _____

The information you give below will help determine what services you or your child may receive under McKinney Vento. Does the student need assistance with any of the following?

- Transportation
- School Meals
- Other (please explain)
- School Supplies
- Unaccompanied Youth
- Clothing
- School Fees
- Mileage Compensation

Information obtained/filled out by: _____

BELOW FOR USE BY McKINNEY-VENTO HOMELESS LIAISON ONLY

Approved
 Denied
 Synergy
 Unaccompanied Youth
 Meals
 Notify Admin/Counselor

 Signature of School District Liaison: _____

Transportation:
 E-Mail Transportation Department
 ORCA Card
 "In Lieu Of Agreement" & Expense Statement
 Cooperating District

Correspondence:
 Parent "In Lieu Of Agreement" and Letter

- Expense Statement forms

 Re-Verification Letter for new school year
 Denial Letter and Appeals Disclosure