



South Kitsap School District

McKinney-Vento Program

Intake Form

PARENT/GUARDIAN/OTHER	CURRENT ADDRESS	PHONE	For Office Use Only: <input type="checkbox"/> Entered in SIS <input type="checkbox"/> Free Meals <input type="checkbox"/> Title I Supports <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
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Please list ALL children (Birth through 21 years of age) in your care: (For non-relative caregivers, please list only the children staying with you temporarily)

Name	Student No. (SSID)	Grade	Age	Date of Birth	Current or Last Attended School (if not enrolled, please indicate)

Student(s) living situation:

- Shelter
- Unsheltered²
- Unaccompanied Child or Youth³
- Doubled Up¹
- Motel/Hotel
- Migrant
- Transitional Housing

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 child or youth not living with a parent or guardian

Is your living arrangement due to the loss of housing or economic hardship? Yes No

Please check the following services that are needed or desired:

- Childcare
- School transportation
- Clothing/Uniform/PE shoes
- School supplies
- Counseling
- Medical/dental referral – medical coupons
- Vision referral
- Medicaid/DSHS services – food stamps/TANF
- Preschool enrollment records
- Early Childhood program
- Extra-curricular clubs/activities
- Housing
- Enrollment
- Fees
- ASB, lab fees, etc.
- Missing enrollment records
- Birth certificate
- Credit Recovery
- Tutoring
- Before/after-school programs
- Sports/Athletics
- Mentoring
- Special Education
- Gifted/talented
- Vocational/technical
- Music/Fine Arts
- LEP/Bilingual program
- Graduation
- Indian Education program
- Shelter
- College/FAFSA
- Summer program
- Immunizations
- Migrant Education program
- Immunization/medical records
- Other _____

Financial assistance needed for _____ Cost \$ _____

Parent/Guardian/Unaccompanied Youth Signature:

_____ Name

_____ Date

Notes

Lined area for notes with horizontal ruling lines.

Building/District Liaison Signature:

Date

Name: _____

Send copy to District McKinney-Vento Office