ECYEH Intake Form

CONTACT INFORMATION

Person Responsible for Enrolling Student: _____ Relationship: _____

Address: _____

Phone Number: _____ Email Address: _____

STUDENT INFORMATION (please include all children in the household).

1. Student Name: _____ PA Student ID Number: _____
    Date of Birth: _____ Gender: _____ Grade: _____
    LEA of Origin: _____ School Building of Origin: _____

2. Student Name: _____ PA Student ID Number: _____
    Date of Birth: _____ Gender: _____ Grade: _____
    LEA of Origin: _____ School Building of Origin: _____

3. Student Name: _____ PA Student ID Number: _____
    Date of Birth: _____ Gender: _____ Grade: _____
    LEA of Origin: _____ School Building of Origin: _____

4. Student Name: _____ PA Student ID Number: _____
    Date of Birth: _____ Gender: _____ Grade: _____
    LEA of Origin: _____ School Building of Origin: _____

5. Student Name: _____ PA Student ID Number: _____
    Date of Birth: _____ Gender: _____ Grade: _____
    LEA of Origin: _____ School Building of Origin: _____

6. Student Name: _____ PA Student ID Number: _____
    Date of Birth: _____ Gender: _____ Grade: _____
    LEA of Origin: _____ School Building of Origin: _____

NIGHTTIME RESIDENCE STATUS	Check one	Comments
Shelter		
Transitional Housing		
Living with another family (doubled up)		
Hotel/Motel		
Unsheltered (car, park, abandoned building)		
Other		

METHOD OF IDENTIFICATION	Check one	Comments
School Staff		
ECYEH Staff		
Shelter/Transitional Housing Staff		
Other Homeless Organization		
Self/Parent		

STUDENT STATUS	Check one	Comments
Awaiting school enrollment		
Currently enrolled in school		
Withdrew from school and moved to another PA school		
Withdrew from school-status unknown		
No longer homeless		
Younger sibling of enrolled student		

PRECIPITATING EVENT	Check one	Comments
Abandonment		
Act of Nature/ Natural Disaster		
Death of Parent/Guardian		
Domestic Violence		
Eviction		
Fire		
Hospitalization of Parent/ Guardian		
Incarceration of Parent/ Guardian		
Left Home		
Military		
Parental Job Loss/Loss of Income		
Parent Divorce/Separation		
Separated form Family		
Unknown		
Other (Specify)		

Date student became homeless: _____

Date of attendance after Precipitating Event: _____

Is the student an Unaccompanied Youth? Yes_____No_____

Is a member of the immediate family living in this household a United States Veteran? Yes_____ No _____

Barriers to enrollment, attendance and/or educational success: _____

SERVICES PROVIDED BY THE SCHOOL/AGENCY (check all that apply)

Tutoring or other instructional support		Coordination between school/ agencies	
Expedited Evaluation		Counseling	
Referrals for medical, dental, other health services		Addressing needs related to domestic violence	
Transportation		Clothing to meet school requirements/ uniform	
Referrals to Early Childhood Programs		School supplies	
Assistance with participation in school programs		Referrals to other programs and services	
Before/ After- school mentoring, summer programs		Emergency Assistance related to school attendance	
Obtaining or transferring records for enrollment		Other services (specify)	

TRANSPORTATION REQUEST

School District Information

Homeless Liaison Name: _____ Phone number: _____ Email: _____

District of Origin: _____ District of Residence: _____

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	

Parent/Guardian Signature

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

I have been advised of my rights and my child(ren)'s rights under the McKinney-Vento Federal Homeless Assistance Act.

_____   _____

(Signature of Parent/Guardian)   **(Date)**

Any person making a false statement regarding residency will be in violation of section 42 U.S.C. §11431). Violation of this could lead to disciplinary action, including disenrollment.

Name of School Representative: _____ Title: _____

Phone Number: _____ Email: _____