

Confidential Homeless Notification Form

Date of Notice: _____

Student's Name: _____ Sex: _____ DOB: _____
 School: _____ Grade: _____ Teacher: _____
 Parent/Guardian Name: _____ Phone: _____
 Temporary Address: _____ City/Zip: _____
 Person Notifying: _____ Position: _____
 Email: _____ Phone: _____

Reasons that the student qualifies for McKinney-Vento

Please check all that apply:

- Doubled-up
 In a shelter
 Substandard housing
 |
 Un- Sheltered
 Motel/Hotel
 Awaiting permanent foster care
 |
 Unknown
 Unaccompanied Youth Yes No

MV Services District Liaison must authorize eligibility:

	Need	Complete	N/A
Immediate enrollment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Free Lunch/Breakfast	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Transportation to/from School	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Academic records	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Documentation acquisition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Academic Fees Waved	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Special Education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Title 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ELL	<input type="checkbox"/>	<input type="checkbox"/>	
Gifted	<input type="checkbox"/>	<input type="checkbox"/>	
Vocational Education	<input type="checkbox"/>	<input type="checkbox"/>	

Families In Transition services referral:

Please Check all that apply:

- | | |
|---|---|
| <input type="checkbox"/> Clothing assistance | <input type="checkbox"/> Student Advocacy |
| <input type="checkbox"/> Housing assistance | <input type="checkbox"/> School Supplies |
| <input type="checkbox"/> Health/Dental accesses | <input type="checkbox"/> Parent Education |
| <input type="checkbox"/> Guardianship /legal | <input type="checkbox"/> Holiday assistance |
| <input type="checkbox"/> Connection to DSHS | <input type="checkbox"/> Mental Health |
| <input type="checkbox"/> Obtain birth certificate | <input type="checkbox"/> Assist w/eligibility determination |
| <input type="checkbox"/> Follow up w/ Family | |

Comments:

List family members in same living situation:

Liaison Use Only:	Enrollment Date:	School of Origin:	Withdrawal Date:
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Send completed forms to the following:

Mary Michell, SWSD Homeless Liaison at mmichell@sw.wednet.edu

or ext 4320 with questions about McKinney-Vento eligibility and support information.

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<table style="width: 100%; border: none;"> <tr> <td style="border: none; width: 50%; border-bottom: 1px solid black;">Homeless Liaison Signature</td> <td style="border: none; width: 50%; border-bottom: 1px solid black;">Date:</td> </tr> </table>	Homeless Liaison Signature	Date:
Homeless Liaison Signature	Date:	

Specials Education: *(circle)* Has IEP Has 504 Parent/Guardian requests testing Previous school records missing

SpED teacher name and contact:

Referred for IEP Testing:

Title 1A: Date Referred to Title Director _____
Date conversation with parent/guardian regarding academics _____ Notes:

Date conversation with parent/guardian regarding academics _____ Notes:

Title teacher name and contact:

ELL:
Is English the students second language? Yes No

Notes:

School Fees Waived *(circle)*

Financial Support for School Activities *(circle)*

- ASB
- Field Trip
- Scholastic
- Uniforms

- Dances/Prom
- Yearbook
- School Pictures
- Other

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Sports

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