



Homeless Student Intake Form

NOTE: THIS FORM SHOULD ONLY BE COMPLETED IF STUDENT IS HOMELESS

This form is intended to address the McKinney-Vento Act 42 U.S.C. 11435. The confidential information in this form will determine the services that the student may be eligible to receive.

Student/Contact Information:

Student's Last Name	First Name	MI
Temporary Address	Phone #	Alternate Phone #
Date of Birth	Gender	Grade Level
School Building	Parent/Guardian Enrolling Student	Relationship to Student

Precipitating Event:

Place an 'X' indicating the appropriate precipitating event resulting in loss of housing.

Abandonment	<input type="checkbox"/>	Left Home	<input type="checkbox"/>
Act of Nature	<input type="checkbox"/>	Parent/Guardian Hospitalized	<input type="checkbox"/>
Death of Parent/Guardian	<input type="checkbox"/>	Parent/Guardian Incarcerated	<input type="checkbox"/>
Domestic Violence	<input type="checkbox"/>	Parental Job Loss/Loss of Income	<input type="checkbox"/>
Eviction	<input type="checkbox"/>	Other Poverty-Related Situation	<input type="checkbox"/>
Fire	<input type="checkbox"/>	Other	<input type="checkbox"/>

Living Arrangement:

Place an 'X' indicating the appropriate living arrangements.

Shelter	<input type="checkbox"/>
Transitional Housing	<input type="checkbox"/>
Hotel/Motel	<input type="checkbox"/>
Unsheltered (Campground, Car, Abandoned Building, Park, Temporary Trailer, Street)	<input type="checkbox"/>
Doubled-Up (Living with Another Family)	<input type="checkbox"/>

(Form Continues on Back)

Name and Address of Shelter, Transitional Housing, or Hotel/Motel (if applicable):

I, _____, affirm that the information above is true and accurate.
Signature of Parent/Guardian

I, _____, have been advised of my rights and child's rights under the McKinney-Vento Federal Homeless Assistance Act.
Signature of Parent/Guardian

(Signature of Parent/Guardian) (Student's Name) (Date)

(District Personnel Receiving Form) (Title) (Date)

District Homeless Liaison:

Eldon Hoy
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