

# Blue Book Cover Sheet

List all students in the family. Attach all forms after faxing.

Enter Date: \_\_\_\_\_ Exit Date: \_\_\_\_\_ Exit Reason: \_\_\_\_\_

Notes: \_\_\_\_\_  
\_\_\_\_\_

Name: \_\_\_\_\_

ID# \_\_\_\_\_ Grade: \_\_\_\_\_ Teacher: \_\_\_\_\_

Name: \_\_\_\_\_

ID# \_\_\_\_\_ Grade: \_\_\_\_\_ Teacher: \_\_\_\_\_

Name: \_\_\_\_\_

ID# \_\_\_\_\_ Grade: \_\_\_\_\_ Teacher: \_\_\_\_\_

Name: \_\_\_\_\_

ID# \_\_\_\_\_ Grade: \_\_\_\_\_ Teacher: \_\_\_\_\_

Name: \_\_\_\_\_

ID# \_\_\_\_\_ Grade: \_\_\_\_\_ Teacher: \_\_\_\_\_

Completed by

Date/Time

_____	_____	Intake Form: Fax to Lorraine Landon x7531
_____	_____	Housing Questionnaire: Fax to Lorraine Landon x7531
_____	_____	Nutrition Request: Fax to Selene x6716
_____	_____	Transportation Request on P Drive
_____	_____	Transportation Request email trdispatchers@psd1.org
_____	_____	Bussing Information to parents/guardians



# McKinney-Vento Program Intake Form

(For Liaison use upon Intake)

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:**

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Shelter                                   | <input type="checkbox"/> Doubled Up <sup>1</sup> | <input type="checkbox"/> Migrant              |
| <input type="checkbox"/> Unsheltered <sup>2</sup>                  | <input type="checkbox"/> Motel/Hotel             | <input type="checkbox"/> Transitional Housing |
| <input type="checkbox"/> Unaccompanied Child or Youth <sup>3</sup> |  |   |

<sup>1</sup> Sharing the housing of other persons due to loss of housing, economic hardship, or similar reason  
<sup>2</sup> Living in a car, park, campsite, trailer park, bus/train station, abandoned building, abandoned hospital, or other location not ordinarily used as sleeping accommodations  
<sup>3</sup> 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:**

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

Financial assistance needed for \_\_\_\_\_ Cost \$ \_\_\_\_\_

**Parent/Guardian/Unaccompanied Youth Signature:**

\_\_\_\_\_  
Name \_\_\_\_\_ Date





# Programa McKinney-Vento Formulario de Ingreso

(Para uso del enlace en el momento del ingreso)

PADRE/TUTOR/OTRO	DIRECCIÓN ACTUAL	TELÉFONO	Para uso exclusivo de la oficina: <input type="checkbox"/> Ingresó a SIS <input type="checkbox"/> Alimentos gratuitos <input type="checkbox"/> Apoyos del Title I <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
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**Por favor liste a TODOS los menores (desde recién nacidos hasta los 21 años de edad) bajo su cuidado:** (Para cuidadores que no sean familiares, liste solamente a los niños que se alojen con usted de manera temporal)

Nombre	No. de estudiante (SSID)	Grado	Edad	Fecha de nacimiento	Escuela actual o última escuela (si no está inscrito, indíquelo)

**Situación:**

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Albergue                       | <input type="checkbox"/> Vivienda compartida <sup>1</sup> | <input type="checkbox"/> Migrante               |
| <input type="checkbox"/> Sin albergue <sup>2</sup>      | <input type="checkbox"/> Motel/Hotel                      | <input type="checkbox"/> Vivienda de transición |
| <input type="checkbox"/> Niño o joven solo <sup>3</sup> |   |   |

- <sup>1</sup> Compartir la vivienda con otras personas, debido a la pérdida de la vivienda, dificultades económicas o motivos similares.
- <sup>2</sup> Vivir en auto, parque, lugar que no se utiliza habitualmente como un alojamiento para dormir.
- <sup>3</sup> Niños o menores solos, que no viven con un padre o tutor.
- <sup>4</sup> Periodo de tiempo entre la colocación inicial bajo el cuidado del estado y la audiencia de albergue de 30 días.

¿Su situación de Vivienda se debe a la pérdida de su hogar o a dificultades económicas?     Si     No

**Seleccione los siguientes servicios que necesita o desea:**

- |   |  |
|---|--|
| <input type="checkbox"/> Guardería  | <input type="checkbox"/> Tutela                                |
| <input type="checkbox"/> Transporte escolar                                       | <input type="checkbox"/> Programas antes/después de la escuela |
| <input type="checkbox"/> Ropa/Uniformes/Calzado deportivo                         | <input type="checkbox"/> Deportes/Atletismo                    |
| <input type="checkbox"/> Útiles escolares   | <input type="checkbox"/> Mentores                              |
| <input type="checkbox"/> Asesoría   | <input type="checkbox"/> Educación Especial                    |
| <input type="checkbox"/> Derivación médica/dental –coupones médicos               | <input type="checkbox"/> Superdotado/Talento                   |
| <input type="checkbox"/> Derivación a cuidado de la vista                         | <input type="checkbox"/> Vocacional/técnica                    |
| <input type="checkbox"/> Servicios de Medicaid/DSHS–estampillas de alimentos/TANF | <input type="checkbox"/> Música/Bellas artes                   |
| <input type="checkbox"/> Registros de inscripción preescolar                      | <input type="checkbox"/> Programa LEO/Bilingue                 |
| <input type="checkbox"/> Programa de infancia temprana                            | <input type="checkbox"/> Graduación                            |
| <input type="checkbox"/> Clubes/actividades extracurriculares                     | <input type="checkbox"/> Programa de educación indígena        |
| <input type="checkbox"/> Vivienda   | <input type="checkbox"/> Albergue                              |
| <input type="checkbox"/> Inscripción  | <input type="checkbox"/> Universidad/FAFSA                     |
| <input type="checkbox"/> Cuotas   | <input type="checkbox"/> Programa de verano                    |
| <input type="checkbox"/> ASB, cuotas de laboratorio, etc.                         | <input type="checkbox"/> Vacunas                               |
| <input type="checkbox"/> Registros de inscripción faltantes                       | <input type="checkbox"/> Programa de educación para migrantes  |
| <input type="checkbox"/> Acta de nacimiento                                       | <input type="checkbox"/> Registros medicos/de vacunas          |
| <input type="checkbox"/> Recuperación de créditos académicos                      | <input type="checkbox"/> Otros _____                           |

Asistencia financiera necesaria para \_\_\_\_\_ Costo \$ \_\_\_\_\_

**Firma del padre/tutor/joven no acompañado:**

Nombre \_\_\_\_\_

Fecha \_\_\_\_\_





# Pasco School District #1

## Special Programs

Parent Education Center • 2120 W. Henry St. • Pasco, Washington 99301  
(509) 543-6714 • FAX (509) 546-2868

### Student Housing Questionnaire

The answers to the following questions can help determine the services this student may be eligible to receive under the McKinney-Vento Act 42 U.S.C. 11435. The McKinney-Vento Act provides services and supports for children and youth experiencing homelessness. (Please see reverse side for more information)

If you do not own/rent your own home, please check all that apply below. (Submit to District Homeless Liaison. Contact information can be found at the bottom of the page).

- |  |  |
|--|--|
| <input type="checkbox"/> In a motel  | <input type="checkbox"/> A car, park, campsite or similar location |
| <input type="checkbox"/> In a shelter  | <input type="checkbox"/> Transitional Housing                      |
| <input type="checkbox"/> Moving from place-to-place/couch surfing                                      | Other _____  |
| <input type="checkbox"/> In someone else's house or apartment with another family                      |  |
| <input type="checkbox"/> In a residence with inadequate facilities (no water, heat, electricity, etc.) |  |

Name of Student: \_\_\_\_\_  
First Middle Last

Name of School: \_\_\_\_\_ Grade: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_  
Month/Day/Year

Gender: \_\_\_\_\_  Student is unaccompanied (not living with a parent or legal guardian)  
 Student is living with a parent or legal guardian

ADDRESS OF CURRENT RESIDENCE: \_\_\_\_\_

PHONE NUMBER OR CONTACT NUMBER: \_\_\_\_\_ NAME OF CONTACT: \_\_\_\_\_

Print name of parent(s)/legal guardian(s): \_\_\_\_\_  
(Or unaccompanied youth)

\*Signature of parent/legal guardian: \_\_\_\_\_ Date: \_\_\_\_\_  
(Or unaccompanied youth)

\*I declare under penalty of perjury under the laws of the State of Washington that the information provided here is true and correct.

**Please return completed form to:** Lorraine Landon, District Liaison  
Parent Education Center – Special Programs  
2120 W. Henry Street, Pasco, WA 99301  
Phone: 509-543-6714, FAX: 509-416-7531, Email: [lrandon@psd1.org](mailto:lrandon@psd1.org)

**For School Personnel Only:** For data collection purposes and student information system coding

- (N) Not Homeless  (A) Shelters  (B) Doubled-Up  (C) Unsheltered  (D) Hotels/Motels

## McKinney-Vento Act 42 U.S.C. 11435

### SEC. 725. DEFINITIONS.

For purposes of this subtitle:

- (1) The terms enroll' and enrollment' include attending classes and participating fully in school activities.
- (2) The term homeless children and youths' —
  - (A) means individuals who lack a fixed, regular, and adequate nighttime residence (within the meaning of section 103(a)(1)); and
  - (B) includes —
    - (i) children and youths who are sharing the housing of other persons due to loss of housing, economic hardship, or a similar reason; are living in motels, hotels, trailer parks, or camping grounds due to the lack of alternative adequate accommodations; are living in emergency or transitional shelters; are abandoned in hospitals;
    - (ii) children and youths who have a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings (within the meaning of section 103(a)(2)(C));
    - (iii) children and youths who are living in cars, parks, public spaces, abandoned buildings, substandard housing, bus or train stations, or similar settings; and
    - (iv) migratory children (as such term is defined in section 1309 of the Elementary and Secondary Education Act of 1965) who qualify as homeless for the purposes of this subtitle because the children are living in circumstances described in clauses (i) through (iii).
- (6) The term “unaccompanied youth” includes a youth not in the physical custody of a parent or guardian.

### Additional Resources

Parent information and resources can be found at the following:

- [http://center.serve.org/nche/ibt/parent\\_res.php](http://center.serve.org/nche/ibt/parent_res.php)
- <http://naehcy.org/educational-resources/naehcy-publications>
- <http://www.schoolhouseconnection.org/>





**SEC. 725. DEFINICIONES.**

Para los propósitos de este subtítulo:

(1) Los términos inscripción' y matrícula' incluyen asistir a clases y participar plenamente en actividades escolares.

(2) El término niños y jóvenes sin hogar' —

(A) significa personas que carecen de una residencia nocturna fija, regular y adecuada (dentro del significado de la sección 103(a)(1)); e

(B) incluye —

(i) niños y jóvenes que comparten la vivienda de otras personas debido a la pérdida de vivienda, dificultades económicas, o una razón similar; están viviendo en moteles, hoteles, parques de casas móviles, o campamentos debido a la falta de alojamiento alternativo adecuado; viven en refugios de emergencia o provisional; son abandonados en hospitales;

(ii) niños y jóvenes que tienen una residencia nocturna principal que es un lugar público o privado no diseñado para o usado normalmente como un alojamiento regular de dormir para seres humanos (dentro del significado de la sección 103(a)(2)(C));

(iii) niños y jóvenes que viven en automóviles, parques, lugares públicos, edificios abandonados, viviendas deficientes, estaciones de autobús o tren, o entornos similares; y

(iv) niños migratorios (tal como se define el termino en la sección 1309 de la Ley de 1065 de Educación Primaria y Secundaria) que califican como personas sin hogar para propósitos de este subtítulo porque los niños viven en circunstancias descritas en las cláusulas (i) hasta (iii).

(6) El término “jóvenes no acompañados” incluye jóvenes que no están bajo la custodia física de un padre o tutor legal.

**Recursos Adicionales**

La información y recursos para los padres se pueden encontrar en los siguientes enlaces:

[http://center.serve.org/nche/ibt/parent\\_res.php](http://center.serve.org/nche/ibt/parent_res.php)

<http://naehcy.org/educational-resources/naehcy-publications>

<http://www.schoolhouseconnection.org/>



# YOUR SCHOOL HERE

Street ● Pasco, Washington 99301  
(509) \_\_\_-\_\_\_ ● Fax (509) \_\_\_-\_\_\_

## INTEROFFICE MEMORANDUM

TO: Lorraine Landon

FAX: Ext. 7531

FROM:

SUBJECT: Blue Book Student

DATE: \_\_\_\_\_

Cover Page plus \_\_\_\_\_pages

The following information is for student(s) who have been identified as Blue Book according to Pasco School District McKinney-Vento Act (Homeless) Policy 3115.

- Intake Form
- Housing Questionnaire with Notes

Notes:

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# Your School Here

Street ● Pasco, Washington 99301  
(509) \_\_\_\_ - \_\_\_\_ ● Fax (509) \_\_\_\_ - \_\_\_\_

## INTEROFFICE MEMORANDUM

TO: Nutrition Services Department – Selene Renteria

FROM:

SUBJECT: Blue Book Student

DATE: \_\_\_\_\_

Please be advised the following student(s) have been identified as Blue Book according to Pasco School District McKinney-Vento Act (Homeless) Policy 3115 and are being referred for school breakfast/lunch services.

*Eligibility Date	Last Name	First Name	ID#	Grade	School
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

\*Use the date that the student(s) became eligible for services, not the date paperwork is submitted

Signatures: \_\_\_\_\_  
Liaison

\_\_\_\_\_   
Administrative

*Per USDA regulations, the documentation to substantiate eligibility for meals must include the signature of the local educational liaison. Nutrition Services cannot process Blue Book students unless we have the signature on file.*

*Please fax to 509-543-6716*