

Student:	ID Number:
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I am calling to follow up on the Student Residency Questionnaire that you completed for your child/children. The purpose of my call is to ask a few questions that will assist in determining if your child/children qualify for services under the McKinney Vento Assistance Act.

When did loss of housing occur and how long at the current address:

What school did your child attend at the time?

Was this the last school attended?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If not, what was the name?
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**The term "homeless children and youth"—
(A) means individuals who lack a fixed, regular, and adequate nighttime residence 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 accommodations; are living in emergency or transitional shelters; or 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:

(iii) children and youths who are living in cars, parks, public spaces, abandoned buildings, substandard housing, bus or train stations, or similar settings:

(iv) migratory children who qualify as homeless for the purposes of this subtitle because the children are living in circumstances described in clauses (i) through (iii):

Is the referred student an Unaccompanied Youth (UY), not in the physical custody of parent/guardian?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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Birthdate:

Parent/Guardian/UY has requested school of origin	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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Do you have other children, affected by this housing situation, enrolled in Roma ISD?

Name:	ID Number:	School:	Grade:
Name:	ID Number:	School:	Grade:
Name:	ID Number:	School:	Grade:
Name:	ID Number:	School:	Grade:
Name:	ID Number:	School:	Grade:
Name:	ID Number:	School:	Grade:

Intake completed by:	Date:
Intake completed with:	Relation:
Reviewed by McKinney-Vento Liaison:	Date:

Services Provided at Intake

SERVICES	DATE												
Assist w/participation in Title I Parent Programs													
Birth certificate													
Basic needs/Hygiene kit													
Community agency referral													
Consultation with McKinney-Vento staff													
Emergency clothing or referral													
Emergency food or referral													
Emergency shelter referral													
Emergency utility assistance referral													
Enrollment assistance													
Family support services (counseling and social work)													
Immunizations or immunization records													
Non-emergency housing referral													
Nutrition - School Lunch													
Parent education: Community Ed/ESL													
Parent education: FiT Letter/Pamphlet													
Referrals: medical, dental, other													
School records													
School supplies													
Transportation (school of origin)													
Transportation (accessing services)													
Other services not listed above:													
Explain services available:	<table style="width: 100%; border: none;"> <tr> <td style="width: 30%; text-align: center;">Food Services</td> <td style="width: 10%; text-align: center;">Yes</td> <td style="width: 10%; text-align: center;">No</td> <td style="width: 50%; text-align: center;">Transportation</td> <td style="width: 10%; text-align: center;">Yes</td> <td style="width: 10%; text-align: center;">No</td> </tr> <tr> <td></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>	Food Services	Yes	No	Transportation	Yes	No		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Food Services	Yes	No	Transportation	Yes	No								
	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>								
If the student is absent or will be moving call the campus as soon as possible to cancel the bus services for the day.													
After several days of not canceling bus services, the student may risk losing transportation to the school of origin.													
Notes:													
Was Parent/Guardian/UY informed of reason for non-qualification?	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; text-align: center;">Yes</td> <td style="width: 50%; text-align: center;">No</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>	Yes	No	<input type="checkbox"/>	<input type="checkbox"/>								
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<input type="checkbox"/>	<input type="checkbox"/>												
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