



# McKinney-Vento Student Residency Intake

Date \_\_\_\_\_

The information gathered in this form is intended to address the requirements of the McKinney-Vento Act, Title X, Part C of the No Child Left Behind Act. The questions below are to assist in determining if the student meets the eligibility criteria for services provided under the McKinney-Vento Act 42 U.S.C. 11435, which contains a specific definition of homelessness that includes a broad array of living situations.

Student: Last name \_\_\_\_\_ First \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_

Name of staff member completing form \_\_\_\_\_ Phone \_\_\_\_\_ ext. \_\_\_\_\_

Where is the student currently residing?	
<input type="checkbox"/> Temporarily with another family because we cannot afford or find affordable housing. <input type="checkbox"/> With an adult that is not my parent or legal guardian, or alone without an adult. <input type="checkbox"/> In a hotel/motel. <input type="checkbox"/> In a vehicle of any kind, trailer park, or campground without running water/electricity, an abandoned building or substandard housing. <input type="checkbox"/> In an emergency/transitional shelter. <input type="checkbox"/> Other _____	<b>For Dept. Use Only</b> <input type="checkbox"/> Doubled-Up <input type="checkbox"/> Doubled-Up/ Unaccompanied Youth <input type="checkbox"/> Hotel/Motel <input type="checkbox"/> Unsheltered <input type="checkbox"/> Sheltered <input type="checkbox"/> Temporary <input type="checkbox"/> Other

Parent/Guardian: \_\_\_\_\_

Address of current residence: \_\_\_\_\_

(or)

Name of motel/shelter of current residence: \_\_\_\_\_

Phone number or contact number: \_\_\_\_\_ Name of contact: \_\_\_\_\_

Email address: \_\_\_\_\_

**I would like to request the following available assistance for this child:**

Grade appropriate school supplies

Backpack

School clothing -INDICATE YOUTH OR ADULT SIZES

- o Pant Size \_\_\_\_\_ Shirt size \_\_\_\_\_
- o Shoe size \_\_\_\_\_ Socks \_\_\_\_\_ Undergarments \_\_\_\_\_
- o Hoodie size \_\_\_\_\_
- o Toiletry/Hygiene Kit \_\_\_\_\_

- Feminine Care \_\_\_\_\_
- Sports Bra 34/36/38 - circle one
- Water Bottle \_\_\_\_\_
- Mittens \_\_\_\_\_

Transportation to/from school

Nutritional Services during school hours

**Please list other siblings:**

Last name _____	First Name _____	Grade _____	School _____
Last name _____	First Name _____	Grade _____	School _____
Last name _____	First Name _____	Grade _____	School _____

**Department Use Only**

<b>Food service</b>	<b>Supplies</b>	<b>Health Services</b>	<b>Clothing</b>	Jacket size
Start	School		Pant size	Undergarments
End	Backpack		Shirt size	Toiletries
Date notified	Date sent	Date notified	Socks/Shoes	Date sent

<b>Activities</b>	<b>Principal</b>	<b>Needs in Synergy</b>	<b>SPED</b>
Sport		Type	Yes
Academics		Date entered	No
Date	Date notified	Spreadsheet	Date notified

<b>Transportation notified</b>
Date parent notified
Bus route

**Please submit this information to:**

Maricopa Unified School District  
C/O: McKinney-Vento Coordinator  
44150 W Maricopa Casa Grande Hwy  
Maricopa, Arizona 85138  
Fax: (520) 568-5110  
dsimmons@musd20.org  
Phone: (520)568-5100 x1029

<b>Eligibility approval:</b>
<b>Date to Principal:</b>