



**SNOHOMISH  
SCHOOL  
DISTRICT**

1601 Avenue D, Snohomish, WA 98290-1799  
360-563-7284 Fax 360-563-7303

# McKINNEY-VENTO HOMELESS ASSISTANCE ACT INTAKE AND REFERRAL

Send completed form to McKinney-Vento Liaison (Nina Hoffar, RSC, 7284)

**Date:** \_\_\_\_\_

**Student Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

First Middle Last

**Age:** \_\_\_\_ **Grade:** \_\_\_\_ **School:** \_\_\_\_\_ **Student ID#:** \_\_\_\_\_ **Counselor:** \_\_\_\_\_

**Parent/Guardian Name:** \_\_\_\_\_

**Nighttime address:** \_\_\_\_\_

Street City Zip

**Contact phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Where does the student stay at night?** *(Please check one box.)*

- Doubled Up: Sharing the Housing of others due to loss of housing, economic hardship, or similar reason
- Motel/Hotel;  Shelter or Transitional Housing;  Unsheltered *(cars, parks, campsite, trailer park, bus/train station, abandoned building, abandoned hospital, or other location not ordinarily used as sleeping accommodations)*  Migrant
- Unaccompanied Child or Youth *(Unaccompanied child or youth not living with a parent or guardian)*
- Living in residence with inadequate facilities *(no water, no heat, no electricity, not enough beds/rooms, etc.)*

**Are there other children/siblings in the family who are also homeless?** *(names, date of birth, ages, grade and school)*

Name	Date of Birth	Age	Grade	Student ID	School

**Does the student need assistance with any of the following?**

- Enrollment Records/Birth Certificate  Immunization/Medical Records  School Supplies  ECEAP for preschoolers
- Preschool Enrollment Records  Special Education  IEP  504  LEP/Bilingual Program  Migrant
- Gifted/Talented  Music/Fine Arts  Sports/Athletics  Extra-Curricular Clubs/Activities
- ASB, lab fees, etc.  Vocational/Technical  Tutoring/Mentoring  Graduation  College/FAFSA
- Counseling  Childcare  Medical/Dental/Vision Referral  Medicaid/DSHS Services  Clothing/Uniform/PE Shoes
- Summer Program  Housing/Shelter  Other \_\_\_\_\_
- Transportation

**BELOW FOR USE BY McKINNEY-VENTO HOMELESS LIAISON ONLY**

Skyward

Unaccompanied youth

Meals

Notify Admin/Counselor

\_\_\_\_\_

Initials of School District Liaison \_\_\_\_\_

**Transportation:**

E-Mail Transportation Department

ORCA Card

"In Lieu Of Agreement" & Expense Statement

Cooperating District

\_\_\_\_\_

**Correspondence:**

Welcome Letter

National School Meal Program Eligibility Letter

Parent "In Lieu Of Agreement" and Letter

- Expense Statement forms

Re-Verification Letter for new school year

- Follow up telephone contact

Denial Letter and Appeals Disclosure