

# BANGOR AREA SCHOOL DISTRICT

No. 251-AR-1  
ADMINISTRATIVE REGULATION  
Last reviewed on January 27, 2020

251-AR-1. HOMELESS STUDENT INTAKE FORM			
Date:		District Staff Member:	
Student Information			
Student Name:		Date of Birth:	
Grade Level:		IEP Plan: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown 504 Plan: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
Parent/Guardian Information			
Parent/Guardian Name:		Parent/Guardian Name:	
Street Address:		Street Address:	
City:	State:	Zip:	
Phone:			
Last Known Address		Temporary Address	
Street Address:		Street Address:	
City:	State:	Zip:	
Name of Shelter, Transitional Housing or Hotel/Motel (if applicable):			
District of Origin:		District of Temporary Address:	
School of Origin:		School of Temporary Address:	
Precipitating Event (place an x indicating the appropriate precipitating event resulting in loss of housing)			
Abandonment	<input type="checkbox"/>	Eviction	<input type="checkbox"/>
Act of Nature	<input type="checkbox"/>	Fire	<input type="checkbox"/>
Death of Parent/Guardian	<input type="checkbox"/>	Left Home	<input type="checkbox"/>
Domestic Violence	<input type="checkbox"/>	Parent/Guardian Hospitalized	<input type="checkbox"/>
		Parent/Guardian Incarcerated	<input type="checkbox"/>
		Parental Job Loss/Loss of Income	<input type="checkbox"/>
		Other Poverty-related Situation	<input type="checkbox"/>
		Other	<input type="checkbox"/>
Living Arrangement (place an X in the box indicating the appropriate living arrangements)			
Shelter	<input type="checkbox"/>	Unsheltered (i.e. abandoned building, trailer, street)	<input type="checkbox"/>
Transitional Housing	<input type="checkbox"/>	Doubled-up (living with another family)	<input type="checkbox"/>
Hotel/Motel	<input type="checkbox"/>		

I affirm that the information is true and accurate and have been advised of my rights and child's rights under the McKinney-Vento Federal Homeless Assistance Act.

Print Parent/Guardian Name	Parent/Guardian Signature	Date
Print Bangor Staff Member Receiving Form	Bangor Staff Member Signature	Date
Print District Homeless Liaison Name	Homeless Liaison Signature	Date

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