



## Families in Transition Intake

Complete, scan, and return form to [Christian.PerezMora@fwcs.k12.in.us](mailto:Christian.PerezMora@fwcs.k12.in.us)  
and CC [Shonda.Lay-Ankenbruck@fwcs.k12.in.us](mailto:Shonda.Lay-Ankenbruck@fwcs.k12.in.us)

This form helps determine what services you or your child may be eligible to receive under the McKinney-Vento Act. The McKinney-Vento, Homeless Assistance Act defines “homeless” as individuals who lack a fixed, regular, and adequate nighttime residence.” This includes children who “are temporarily sharing the housing of other persons due to the loss of housing or economic hardship.”

**Parent/Guardian's Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_ **Phone No.:** \_\_\_\_\_

<b>Student Name(s):</b>	<b>DOB:</b>	<b>Current School/Next School:</b>	<b>Grade:</b>
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____
6. _____	_____	_____	_____

**To determine eligibility, please describe the current living conditions of the student(s):**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Please answer the following questions:**

- |   |     |    |
|---|-----|----|
| 1. Is the current location a temporary living arrangement?                          | Yes | No |
| 2. Is the temporary living arrangement due to economic hardship or loss of housing? | Yes | No |
| 3. Is the student in temporary or emergency foster care placement?                  | Yes | No |
| 4. Are any students serving an expulsion or have an expulsion request pending?      | Yes | No |
| 5. Approximate date student moved to this address?                                  |     |    |
| 6. How long do you expect to be at this location? _____                             |     |    |
| 7. Are you seeking permanent housing? _____   |     |    |
| 8. Is a parent living at the same location with the student?                        | Yes | No |
| 9. If no, with whom is the student living with?                                     |     |    |

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone No.: \_\_\_\_\_



**Select the living condition that applies and provide necessary details:**

- ☐ Living in a shelter including transitional housing and emergency shelters

**Shelter Name:** \_\_\_\_\_

- ☐ Living on the streets, in cars, campgrounds, public places, housing not fit for habitation

**Unsheltered Area:** \_\_\_\_\_

- ☐ Living in hotels/motels for lack of other suitable housing

**Hotel/Motel Name & Room Number:** \_\_\_\_\_

- ☐ Living with another family or other person because of loss of housing or **as a result of economic hardship**  
(sometimes referred to as “double-up”)

**Shared Address:** \_\_\_\_\_

**Homeowner/Leaseholder Name:** \_\_\_\_\_

**Please describe the *previous* living conditions of the student(s) and the reason leaving:**

---

---

---

In your child(ren)’s previous school, did he/she receive any of the following? (Check all that apply)

- |  |  |
|--|--|
| <input type="checkbox"/> Special Education                           | <input type="checkbox"/> Assistance with Behavior Improvement  |
| <input type="checkbox"/> Active IEP                                  | <input type="checkbox"/> Tutoring Services                     |
| <input type="checkbox"/> Special Education Transportation Per IEP    | <input type="checkbox"/> Academically or Intellectually Gifted |
| <input type="checkbox"/> 504 Plan Accommodation                      | <input type="checkbox"/> Counseling Services                   |
| <input type="checkbox"/> ESL – English as a Second Language Services |  |

**Additional Comments:**



**Factors contributing to the student's current living situation (check all that apply).**

- ☐ Natural disaster
- ☐ Tornado, storm, flood, etc.
- ☐ Hurricane
- ☐ Fire
  
- ☐ Family issue (such as: divorce, domestic violence, kicked out by parents, student left home due to family conflict, etc.)
  
- ☐ Home issue (such as: lack of electricity, water, heat; overcrowding; home in need of repair or not safe to live in, etc.)
  
- ☐ Home fire not due to a natural disaster (i.e. faulty equipment / appliances / wiring, heater, stove, fireplace, etc.)
  
- ☐ Death of parent(s)
  
- ☐ Economic hardship
- ☐ Loss of job (resulting in inability to pay rent/mortgage)
- ☐ Income does not cover the cost of housing
- ☐ Foreclosure on mortgage
- ☐ Evicted
- ☐ Unable to pay rental or utility deposits
  
- ☐ Parent or guardian in jail
  
- ☐ Parent unable to provide adequate or stable housing due to health, mental health, drugs/alcohol, or other factors
  
- ☐ Military (parent / guardian deployed, injured or killed in action)
  
- ☐ Refugee: unable or unwilling to return to his/her own country due to persecution or fear of persecution because of race, religion, nationality, political opinion, or membership in a particular social group.
  
- ☐ Other

**At this time, what is the greatest need for your child(ren)? (Check all that apply)**

- |  |  |
|--|--|
| <input type="checkbox"/> School supplies, uniforms or clothing | <input type="checkbox"/> Referral for food assistance      |
| <input type="checkbox"/> Assistance with school fees           | <input type="checkbox"/> Assistance with housing           |
| <input type="checkbox"/> Help for academic improvement         | <input type="checkbox"/> Medical referral/immunizations    |
| <input type="checkbox"/> Transportation                        | <input type="checkbox"/> Mental health/counseling referral |
| <input type="checkbox"/> After-school programs                 | <input type="checkbox"/> Other: _____                      |



### Notice of Rights of Students Experiencing Homelessness

Students who are in transitional, unstable, or in homeless living situations have the following rights:

1. Immediate enrollment in the school they last attended or the school in whose attendance area they are currently residing in, even if they are unable to provide documents at the time of enrollment
2. Receive access to free meals and textbooks, Title 1 programs, transportation services, after school, and all other educational programs provided by this District
3. Attend the same classes and activities that students in other living situations also participate in without fear of being separated or treated differently due to their housing situation

My signature below affirms the following:

1. I acknowledge that I received and understand all of the above rights.
2. The information I have provided on this form is true and accurate to the best of my knowledge or belief.
3. The same information, as well as other information that may identify my child(ren), may be shared without my consent with other FWCS staff members for a legitimate educational purpose.
4. My signature affirms that I have received a copy of my rights under the McKinney-Vento law, and I agree to allow FWCS staff to conduct screenings as a part of the District's McKinney-Vento program.

**Parent/Guardian/Unaccompanied Youth Printed Name:** \_\_\_\_\_

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

**Printed Name of FWCS Staff Assisting in Completing Form:** \_\_\_\_\_

---

**Office Use Only:**

Qualify under McKinney-Vento Act ☐

Do NOT Qualify ☐

---

McKinney-Vento Liaison/Appointee Signature

---

Date



## Notice of Right to Appeal

Dear Parent/Guardian:

Be advised that you have the right to appeal the decisions made by **Fort Wayne Community Schools** regarding your student's eligibility and enrollment under Title X, Part C of the McKinney-Vento Homeless Assistance Act. Students involved in a McKinney-Vento dispute process have the right to enroll immediately in the school of choice pending resolution of the dispute. Immediate enrollment includes full participation in all school activities.

As the District's Families in Transition coordinator, notification should be made to **Christian Perez Mora** in writing within 10 business days of receipt of this letter if you want to appeal the district's decision outlined on the intake form.

If we cannot reach a resolution at the district-level; As required by Indiana Code 20-26-11-15, the Indiana State Board of Education will hear all appeals on an order expelling a child under IC 20-8.1-5.1-11 (legal settlement), in addition to all disputes on (A) legal settlement; (B) right to transfer; (C) right to attend school in any school corporation; (D) amount of transfer tuition; and (E) any under matter arising under IC 20-26-11-15 (Transfers and Transfer Tuition).

- A. The party requesting an appeal or resolution of a dispute by the State Board of Education will submit a request in writing to the State Board Liaison at the Indiana Department of Education.
- B. The Board shall hold a hearing on the timely written application of the interested party.
- C. The Board shall make its determination under the following procedure:
  - A hearing shall be held on each matter presented.
  - Each interested party, including (where appropriate) the parents, student, transferor corporation, transferee corporation, or the state, shall be given at least ten (10) days' notice of the hearing by certified mail or personal delivery. The date of giving the notice is the date of mailing or delivery.
  - Any interested party may appear at the hearing in person or by counsel, present evidence, cross-examine witnesses, and present in writing or orally summary statements of position, and a written or recorded transcript of the hearing shall be made.
  - The hearing may be held by the Indiana State Board of Education or by a hearing examiner appointed by it who must be a state employee. The hearing, at the option of the State Board of Education or hearing examiner, may be held at any place in Indiana.

The Indiana Department of Education's (IDOE) State Coordinator for the McKinney-Vento Act. State Coordinator, Charlie Gibson can be reached by phone at 317-232-0957 or via email at: [McKinneyVentoPOC@doe.in.gov](mailto:McKinneyVentoPOC@doe.in.gov)

Feel free to contact me if you have questions on this decision or the McKinney-Vento dispute or appeal process.