Wayne RESA/Wayne Metro CAA
Out Wayne Consortium
McKinney-Vento Homeless Assistance Act
Student Identification Form

Instructions: District personnel should fill out both pages of this form for each student identified as homeless. Send to Kimberly May: Fax # 734-416-7819 / Email kimberly.may@pccsk12.com

School District: Plymouth-Canton Community Schools

School: _____ Date Student Identified and/or enrolled: _____

Student Name: _____ DOB: _____ Gender: _____

Race/Ethnicity: _____ Grade: _____ State ID: _____

If applicable: Previous District: _____ Previous School: _____

Check all that apply:

☐ Parent(s) Incarcerated ☐ Military Family (active or prior service)

☐ Student is a Teen Parent

☐ Other _____

List Siblings, if any (please compete a separate form for each sibling):

Name	DOB	School	Grade

Contact Information:

Parent/Guardian/Caregiver Name: _____

Current Address: _____
(street number/name) (city) (zip)

Phone: _____ Alternate Phone: _____

Email Address: _____

Current Living Situation (check one):

☐ Temporarily sharing a house with another person due to loss of housing, economic hardship, or similar reason

☐ In a motel, hotel, or campground due to a lack of alternative accommodations

☐ In an emergency or transitional shelter or hospital

☐ In a living arrangement not described above that is not fixed regular, and adequate

☐ Unaccompanied youth and/or runaway

☐ None of the above

Brief description of circumstances leading to this living situation:

How long has child lived in this situation: _____

Student Name: _____

Determine the following needs and services: (Only fill out this section if requesting services)

Transportation (check one):

- ☐ Gas Cards
- ☐ Public Transit
- ☐ School Bus
- ☐ Taxi
- ☐ Special Education Bus/Van
- ☐ Other (specify): _____

Barriers (check all that apply):

- ☐ Attendance Truancy
- ☐ Eligibility
- ☐ Immunizations or other medical records
- ☐ Expulsion
- ☐ Incarceration
- ☐ Preschool Fees
- ☐ School Records
- ☐ Substance Addiction
- ☐ Suspension
- ☐ Teen Parent (Student)
- ☐ Transportation
- ☐ No Barrier to Report
- ☐ Other: _____

Meals:

- ☐ Free/Reduced Breakfast and Lunch
- ☐ Free/Reduced meals not needed at this time

Programs and/or services this student was enrolled in and/or in need of (check all that apply):

- ☐ Special Education
- ☐ English Language Learner
- ☐ Counseling
- ☐ Section 504
- ☐ Behavior Support
- ☐ Tutoring
- ☐ Gifted/Talented
- ☐ Career Tech Education (CTE)
- ☐ Medical/Vision/Dental
- ☐ Academic Support
- ☐ Alternative School
- ☐ Food
- ☐ Preschool Program
- ☐ Housing
- ☐ School Clothing
- ☐ Backpack
- ☐ School Supplies
- ☐ School Activity Fees
- ☐ Other: _____

I declare that I am the parent/legal guardian of the above named student that is seeking enrollment. Under penalty of perjury under the laws of this state, I declare that the information provided here is true and correct and of my own personal knowledge and that, if called to testify, I would be competent to do so.

I am aware that information will be exchanged between this school district and Wayne-Metropolitan Community Action Agency in order to provide services to this student under the McKinney Vento Act.

I have received information regarding rights and protections under the McKinney Vento Homeless Assistance Act.

_____ _____

(parent signature) (date)

_____ _____

(name of person completing form – print) (date)