SNOHOMISH SCHOOL DISTRICT
1601 Avenue D, Snohomish, WA 98290-1799
360-563-7282 Fax 360-563-7303

McKINNEY-VENTO HOMELESS ASSISTANCE ACT

INTAKE AND REFERRAL

Send completed form to McKinney-Vento Liaison (Paula Wagner, RSC, 360-563-7282)

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, DOB, 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