ECYEH Intake Form

This form is intended to address the McKinney-Vento Act 42 U.S.C. 11435. The confidential information in this form will determine the services that the student may be eligible to receive.

Student/Contact Information

Student's Last Name	**First Name**	**PPID (10 digit)**
Temporary Address Room #	**Phone Number**	**Alt Phone Number**
Date of Birth	**Gender**	**Grade Level**
School District/Building	**Parent/Guardian Enrolling Student**	**Relationship to Student**

Precipitating Event

Place an **X** *indicating the appropriate precipitating event resulting in loss of housing*

Abandonment		**Left Home**	
Act of Nature		**Parent/Guardian Hospitalized**	
Death of Parent/Guardian		**Parent/Guardian Incarcerated**	
Domestic Violence		**Parental Job Loss/Loss of Income**	
Eviction		**Other Poverty-related Situation**	
Fire		**Other**	

Living Arrangement

Place an **X** *in the box indicating the appropriate living arrangements*

Shelter	
Transitional Housing	
Hotel/Motel	
Unsheltered (Campgrounds, car, abandoned building, park, temporary trailer, street)	
Doubled-up (living with another family)	

Name of Shelter, Transitional Housing or Hotel/Motel (if applicable)

_____

I, _____affirm that the information is true and accurate.
(Parent/Guardian's Name)

I, _____*have been advised of my rights and child's rights*
(Parent/Guardian's Name) *under the McKinney-Vento Federal Homeless Assistance Act.*

_____ _____ _____
(Signature of Parent/Guardian) **(Student's Name)** **(Date)**

_____ _____ _____
(District Personnel Receiving Form) **(Title)** **(Date)**

Albert O'Donnell
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Homeless Liaison
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1. Is the student unaccompanied? ____Yes ____No

2. Race:
   ____Caucasian (White)
   ____African American (Black)
   ____American Indian or Alaska Native
   ____Asian
   ____Native Hawaiian or Other Pacific Islander
   ____Other (please specify) _____
   ____Do not know/refuse to answer

3. Is the student Hispanic or Latino? ____Yes ____No

4. Does the student have a disabling condition? (Check all that apply)

   ____Psychiatric or emotional condition
   ____Drink alcohol
   ____Use illegal drugs
   ____Have ongoing health problems/mental conditions
   ____Physical disability
   ____Post traumatic stress disorder
   ____Traumatic brain injury
   ____Special education
   ____HIV/AIDS

5. Is this the first time the student is homeless? ____Yes ____No

6. How long has the student been homeless this time? _____

7. How many times has the student been homeless in the past 3 years? _____

8. Where did the student sleep last night? _____

9. Is the student fleeing a domestic violence situation? ____Yes ____No

10. Has the student ever been in foster care? ____Yes ____No

11. Has the student been expelled or in a juvenile detention facility? ___Yes ___No

12. If student is enrolling in the district for the first time, what school did they previously attend?

13. Did the student lack any documents upon enrollment? (Academic records, medical records, immunizations, guardianship, birth certificate, IEP)

14. Does the student have siblings that are not of school age yet?

15. Which of the following services does the student and/or family need?
    ____Housing
    ____Food
    ____Clothing
    ____Eye glasses
    ____School supplies
    ____Hygiene materials
    ____Dental Care
    ____Tutoring
    ____Child Care/Early Childhood Program/Pre-school
    ____Transportation
    ____Counseling
    ____Medical Care (including prescriptions)
    ____Mental Health Care
    ____Life skills training
    ____Substance abuse treatment
    ____Job training

16. List the agencies/shelters that you have referred the student and/or family.

Additional notes: