



## McKinney-Vento Program Intake Form

(For Liaison use upon Intake)

|                       |                 |       |   |
|-----------------------|-----------------|-------|---|
| PARENT/GUARDIAN/OTHER | CURRENT ADDRESS | PHONE | For Office Use Only:<br><input type="checkbox"/> Entered in SIS<br><input type="checkbox"/> Free Meals<br><input type="checkbox"/> Title I Supports<br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/> |
|-----------------------|-----------------|-------|---|

**Please list ALL children (Birth through 21 years of age) in your care:** (For non-relative caregivers, please list only the children staying with you temporarily)

| Name | Student No.<br>(SSID) | Grade | Age | Date of<br>Birth | Current or Last Attended School<br>(if not enrolled, please indicate) |
|------|-----------------------|-------|-----|------------------|---|
|      |                       |       |     |                  |   |
|      |                       |       |     |                  |   |
|      |                       |       |     |                  |   |
|      |                       |       |     |                  |   |
|      |                       |       |     |                  |   |

**Student(s) living situation:**

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Shelter                                   | <input type="checkbox"/> Doubled Up <sup>1</sup> | <input type="checkbox"/> Migrant              |
| <input type="checkbox"/> Unsheltered <sup>2</sup>                  | <input type="checkbox"/> Motel/Hotel             | <input type="checkbox"/> Transitional Housing |
| <input type="checkbox"/> Unaccompanied Child or Youth <sup>3</sup> |  |   |

<sup>1</sup> Sharing the housing of other persons due to loss of housing, economic hardship, or similar reason

<sup>2</sup> Living in a car, park, campsite, trailer park, bus/train station, abandoned building, abandoned hospital, or other location not ordinarily used as sleeping accommodations

<sup>3</sup> Unaccompanied child or youth not living with a parent or guardian

Is your living arrangement due to the loss of housing or economic hardship? ☐ Yes ☐ No

**Please check the following services that are needed or desired:**

- |  |   |
|--|---|
| <input type="checkbox"/> Childcare                                 | <input type="checkbox"/> Tutoring                     |
| <input type="checkbox"/> School transportation                     | <input type="checkbox"/> Before/after-school programs |
| <input type="checkbox"/> Clothing/Uniform/PE shoes                 | <input type="checkbox"/> Sports/Athletics             |
| <input type="checkbox"/> School supplies                           | <input type="checkbox"/> Mentoring                    |
| <input type="checkbox"/> Counseling                                | <input type="checkbox"/> Special Education            |
| <input type="checkbox"/> Medical/dental referral – medical coupons | <input type="checkbox"/> Gifted/talented              |
| <input type="checkbox"/> Vision referral                           | <input type="checkbox"/> Vocational/technical         |
| <input type="checkbox"/> Medicaid/DSHS services – food stamps/TANF | <input type="checkbox"/> Music/Fine Arts              |
| <input type="checkbox"/> Preschool enrollment records              | <input type="checkbox"/> LEP/Bilingual program        |
| <input type="checkbox"/> Early Childhood program                   | <input type="checkbox"/> Graduation                   |
| <input type="checkbox"/> Extra-curricular clubs/activities         | <input type="checkbox"/> Indian Education program     |
| <input type="checkbox"/> Housing                                   | <input type="checkbox"/> Shelter                      |
| <input type="checkbox"/> Enrollment                                | <input type="checkbox"/> College/FAFSA                |
| <input type="checkbox"/> Fees                                      | <input type="checkbox"/> Summer program               |
| <input type="checkbox"/> ASB, lab fees, etc.                       | <input type="checkbox"/> Immunizations                |
| <input type="checkbox"/> Missing enrollment records                | <input type="checkbox"/> Migrant Education program    |
| <input type="checkbox"/> Birth certificate                         | <input type="checkbox"/> Immunization/medical records |
| <input type="checkbox"/> Credit Recovery                           | <input type="checkbox"/> Other _____                  |

☐ Financial assistance needed for \_\_\_\_\_ Cost \$ \_\_\_\_\_

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

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date

**Notes**

**Building/District Liaison Signature:**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date

Send copy to District McKinney-Vento Office at: