

Education Information and Needs Letter

Youth Name: _____ D.O.B. _____

Legal Guardian Name: _____ Phone: _____

Legal Guardian Address: _____

Last School Attended: _____ Grade: _____

Last District Attended: _____ Date of Last Attendance: _____

Youth qualifies under: ☐ McKinney-Vento Act (homeless) ☐ Foster Care Education (Foster care)

Current Address (check one):

- | | | | |
|--|--|---|--|
| <input type="checkbox"/> Cocoon House Complex | <input type="checkbox"/> Cocoon House Central | <input type="checkbox"/> Cocoon House East | <input type="checkbox"/> Cocoon House North |
| 2929 Pine St | 2726 Cedar Street | 15302 Plainview Pl | 521 E Highland Dr |
| Everett, WA 98201 | Everett, WA 98201 | Monroe, WA 98272 | Arlington, WA 98223 |
| 425.259.5802 x101 | 425.259.5802 x201 | 425.259.5802 x203 | 425.259.5802 x202 |
| Email attendance:
Cocoon.attendance@
cocoonhouse.org | | | |

Dear School Personnel:

The youth named above is a client of Cocoon House and qualifies for special accommodations under the Act indicated above (McKinney Vento/Foster). This youth needs assistance with the following checked items:

- ☐ Transportation to/from school *Anticipated length of stay:* ☐ up to 21 days ☐ 1-6 months ☐ 6+ months
- ☐ Student allowed to use ORCA card
- ☐ Free breakfast and lunch
- ☐ Assistance in enrolling
- ☐ Assessment for an I.E.P.
- ☐ Additional help/accommodations with math and reading
- ☐ Waived field trip and activity fees

The ☐ Homeless Education Liaison ☐ Foster Education Facilitator for the _____ School District is _____ at _____.

Cocoon House staff will call to verify attendance and academic progress. A signed Authorization to Release Information is attached. Please call the indicated site (checked above) with any academic, behavioral, or other concerns.

Cocoon House Representative (Printed name)	Signature	Date
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Youth acknowledgement: I have received the "Information for School-Aged Youth" fact sheet and have had my rights under the McKinney-Vento Act explained to me. I understand that the Liaison listed above is my contact person for making sure my needs are met and my rights are respected.

Youth Signature	Date
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