

# INTAKE FORM - REQUEST FOR MCKINNEY-VENTO SERVICES

Parent Name \_\_\_\_\_ Contact Phone Numbers (home) \_\_\_\_\_

(work) \_\_\_\_\_

Current Street Address \_\_\_\_\_

(cell) \_\_\_\_\_

City, State, Zip code \_\_\_\_\_

(pager) \_\_\_\_\_

(other) \_\_\_\_\_

Previous Street Address \_\_\_\_\_

**Information provided on this form is confidential.**

1. Do you live in any of these following situations?

\_\_\_\_\_ Sharing the housing of other persons due to: (check one)

\_\_\_ Loss of housing, economic hardship, or a similar reason (example: evicted from home, etc.)

Explain: \_\_\_\_\_

\_\_\_ Long-term, cooperative living arrangement to save money or a similar reason

\_\_\_ Other (please specify): \_\_\_\_\_

\_\_\_\_\_ In a motel, hotel, campground or similar setting due to: (check one)

\_\_\_ Lack of alternative adequate accommodations, explain: \_\_\_\_\_

\_\_\_ A convenient living arrangement or waiting for apartment or house to be ready

\_\_\_ Other (please specify): \_\_\_\_\_

\_\_\_\_\_ In emergency or transitional shelters such as domestic violence or homeless shelters or transitional housing through a shelter or agency – Name \_\_\_\_\_

\_\_\_\_\_ Have a primary nighttime residence that is a place not designed for or ordinarily used as a regular sleeping accommodation for humans

\_\_\_\_\_ In cars, parks, public spaces, abandoned buildings, substandard housing, bus or train stations, or similar settings.

\_\_\_\_\_ None of the above

2. How long do you anticipate living at this location? \_\_\_\_\_

3. Is this student in a temporary foster care placement or awaiting foster care? Yes / No

4. As a student, are you living with someone other than your parent or legal guardian? Yes / No

**Student Names**

**Grades**

**Buildings**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**NOTE: Please coordinate services with all buildings where siblings attend.**

Previous School District & Building \_\_\_\_\_

Would you like your children to continue attending there? Yes / No

Are you working with a case worker or legal authority at this time? Yes / No If so, what are the contact names and phone numbers? \_\_\_\_\_

Possible Indicators: Eviction Notice Yes / No

Turn-Off Notice Yes / No

Police Report Yes / No

FIA Confirmation Yes / No

Other \_\_\_\_\_

**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 upon to testify, I would be competent to do so. I understand that failure to provide truthful information could also jeopardize my child's enrollment status. Violation of this federal statute could result in criminal prosecution.**

Parent/Guardian's Signature \_\_\_\_\_

Date: \_\_\_\_\_

Staff Member of Reference: \_\_\_\_\_

Family indicates that the following is needed: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Staff must review family situation on a regular basis and note outcome. Remember to cancel services that are no longer needed.*

Date: \_\_\_\_\_ Services update: \_\_\_\_\_

Date: \_\_\_\_\_ Services update: \_\_\_\_\_

Date: \_\_\_\_\_ Services update: \_\_\_\_\_

Date: \_\_\_\_\_ Services update: \_\_\_\_\_